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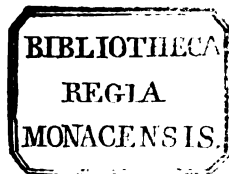
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BY
ROBERT J. N. STREETEN, M.D., F.L.S.,
SECRETARY TO THE ASSOCIATION.

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ERRATA.

Page 608, Heading of the Table, for "*Amputation*," read "*Operation*."

—— Case 1, for "Ankle, after hæmorrhage," read "Ankle. After hæmorrhage, July 15."

—— for "Operation—out door patient, &c.," read "Amputation below the knee.† Ligature of femoral artery, July 17."

—— Case 12, for "Amputation of thigh, &c.," read "Amputation of thigh, Jan. 3. After bleeding, Jan. 11."

—— Case 19, for "lesion of vessels, &c.," read "lesion of vessels. After bleeding, August 31."

—— for "August, 30, ligature, &c.," read "Ligature of femoral artery, September 5."

Page 609, col. 2, line 17 from the bottom, *dele* "at present."

Page 610, col. 2, line 30, for "has," read "had,"

—— line 37, for "was elevated; left, read "was elevated and left."

Page 611, col. 1, line 6, for "horas" read "horis."

It is necessary to state that the author of the paper in which these errata occur, is fully aware that his MS. is somewhat difficult to decypher; and in consequence of the proof sent to him for correction not being received in time, the errors in the table could not be rectified.

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CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

Physician to the East Suffolk and Ipswich Hospital.

(Continued from page 732 of last volume.)

CASE VI.

SPINAL MENINGITIS; RECOVERY.

T. C., aged 9, came under my care in conjunction with that of his usual medical attendant, June 7th, 1845. The previous history of this patient was extremely limited and unsatisfactory; all that could be elicited from his friends was, that he had accidentally fallen into a cellar, nine months previously, from which, however, he perfectly recovered, and had since been at school and in good health. His present attack, which had commenced two or three weeks prior to my seeing him, appeared to indicate chiefly a deranged state of the digestive organs, with nervous irritability, accompanied by erratic pains in the trunk and extremities. His countenance is now anxious, and indicative of great distress; pulse 85; tongue clean; complete anorexia; bowels obstinately confined; evacuations fetid and unhealthy; urine contains a copious deposit of lithate of ammonia. Complains of pain over the entire cardiac region, greatly increased by pressure; impulse of the heart abrupt; giving rise to a sound slightly resembling the crackling of parchment. (I was unable to detect this sound after the first examination, the action of the heart having become less irritable.)

Ordered a blister over the heart; saline medicine; and three grains of mercury with chalk, every six hours.

June 9th. The pain has entirely left the heart, and is now located with equal severity in the throat, which part he grasps with considerable firmness; there is pain also excited by pressure on the abdomen. On examining the spine, great pain was found to obtain on pressure over the lower cervical and upper dorsal vertebrae.

Eight leeches to be applied to the spine. To take two grains of calomel every four hours.

11th. Pain has left the throat, and is again situated over the heart; pulse 90; respiration performed irregularly, and with frequent deeply drawn sighs; bowels remain obstinately confined; aperient medicine taken without effect; refuses food.

Continue the calomel. One drachm of strong mercurial ointment to be rubbed into the axilla night and morning.

15th. Remains much in the same state; pulse 100,

small and irritable; pressure on the chest and abdomen excites considerable pain; gums not affected by the mercury.

Calomel to be continued every two hours.

19th. Sighing continues; pulse 108; positively refuses to take food; has swallowed only a little cold water, and a small quantity of beer; bowels once relieved; evacuations dark and very fetid.

Continue the calomel every two hours.

21st. Has to day taken a very small quantity of broth; in other respects the same.

Continue the calomel and inunction.

25th. Has been much depressed, and thought to be dying; gums swollen; mercurial fœtor evident; pulse 98; eyes closed; pupils dilated, scarcely sensible to light; continued jactitation of the fore-arm; bowels have not been relieved, neither has he taken food since the 21st.

Blister to the nape of the neck; calomel night and morning; injection of strong beef-tea every four hours.

28th. Mercurial action continues, with slight pytalism; has been much convulsed; eyes closed; pupils less dilated; complains of great pain over the heart and epigastrium; bowels once moved; evacuation dark, very fetid, and unhealthy; pulse 100, of moderate strength; no food taken by the mouth.

Injections to be continued.

July 3rd. The exhibition of the injections now produces so much apparent pain and distress that they have been discontinued; has taken a small quantity of lemonade; eyes half closed; tetanic rigidity of the muscles of the neck; head drawn back, and resting on the occiput; mouth open, which he has not the power of closing.

Neck to be enveloped in lint, saturated with warm laudanum.

5th. Mouth now closed; muscles of the neck less rigid; is still at times much convulsed; emaciation extreme; great general sensitiveness of surface; suffers apparently acute pain in the neck; pulse 110; has taken a small quantity of milk; mercurial action continues.

7th. Bowels relieved; evacuations still dark and fetid; again refuses food.

14th. Has taken no food since the 7th; neither have the bowels been relieved; emaciated to the utmost possible extent.

17th. Has requested to have some cherries, of which he ate two pounds in the course of the day.

19th. Better; bowels have been three times relieved; has eaten a small piece of mutton.

22nd. Pulse very quick and small, 130; in other respects improved; evacuations more natural; rigidity of cervical muscles continues.

August 11th. Can now move the neck, but is unable to protrude the tongue, or raise the eye-lids; bowels act daily; appetite capricious; pulse 120, small; his mother says that he has not slept for a month? (Of the accuracy of this statement I must confess that I am disposed to be somewhat sceptical.)

September 11th. Is decidedly improved; is still unable to protrude the tongue, or raise the eye-lids; bowels confined; appetite good; abnormal sensibility of general surface continues; has gained flesh.

To take six grains of the ammonio-tartrate of iron three times a day.

18th. Improving in every respect.

28th. Has an attack of acute bronchitis, with severe and continued cough; bowels more regular; appetite moderate.

To take one sixth of a grain of tartar emetic every four hours.

On the removal of the bronchitis the patient progressively and rapidly improved. He is now quite recovered, and takes daily exercise.

In reporting the above case, I have intentionally avoided trusting in any degree to memory, and have adhered strictly to the notes made at the time. This circumstance will explain the apparently long intervals which obtain between the dates of the report, as well as the possible omission of a few collateral but unimportant phenomena.

Cases of idiopathic inflammation of the membranes of the spinal cord are not common. In the present instance, although the symptoms at the commencement of the disease were obscure, as the affection advanced, the true nature of the lesion speedily became apparent. This was more especially evidenced by the presence of intense pain situated in the spine, increased by percussion, and extending with a sensation of constriction to the trunk and extremities; by the rigidity and tetanic contraction of the muscles of the neck; by the violent spasms, and convulsions, with difficult deglutition, and apparent sense of suffocation; by the obstinate constipation, and, lastly, by the greatly exalted sensibility of the surface. Retention of urine not unfrequently occurs in this affection, but in the present case, the power of emptying the bladder was unimpaired.

In the event of paralysis, obtaining in addition to the above symptoms, the implication of the substance of the cord may be suspected. From pathological deductions made from the fatal cases published, it would appear, that while tetanic rigidity and exalted sensibility become the diagnostic signs of inflammation of the membranes, so paralysis, with more frequently diminished sensibility, are indicative of inflammation of the substance of the cord. Pain is common to both, but most intense in the meningeal inflammation.

Patients subject to rheumatism are more particularly predisposed to spinal meningitis, but in the case under consideration, neither the patient nor his friends had at any time suffered from that disease. The fine crackling sound heard over the heart on the first day of examination, was evidently a modification of the attrition murmur, and generated, I imagine, by the very irritable and forcible impulse of the heart, (the

cavities of which were probably unusually distended with blood,) against the contiguous costal pleura.

This case offers a striking instance of the value of nutritive enemata, in cases of prolonged disease, in which the patient for a time is unable to take nourishment by the mouth. This practice is not, I believe, sufficiently adopted in this country; in cases of exhaustion, and more especially in cerebral affections of children, the recourse to enemata of *strong* beef tea, to which, if necessary, stimuli may be added, will, as I have occasionally witnessed, prove the means of saving the patient's life.

CASE VII.

APOPLEXY, WITH HEMIPLEGIA OF THE RIGHT SIDE; EXTENSIVE RAMOLLISSEMENT, WITH EFFUSION OF BLOOD INTO THE LEFT HEMISPHERE.

The patient, aged 50, of thin spare habit, by occupation a carter, was found lying against his stable door in a fit of apoplexy, about six o'clock on Thursday morning, October 9th, 1845. His watch, which had fallen from his pocket, was lying by his side, and had stopped at five o'clock.

When first seen, the surface was pale and cold, and bedewed with perspiration; he was comatose; the eyes half closed; pupils contracted, and insensible to light; mouth drawn to the left side; right arm and leg paralytic, and insensible; extremities of the left side slightly convulsed; considerable difficulty of swallowing, with inability to protrude the tongue; pulse 50, small and hard. The bowels were freely, though unconsciously relieved; evacuations dark, and pitch-like; urine passed involuntarily; he yawned repeatedly. He was bled to ten ounces, after which the pulse rose to between 70 and 80, and became soft. Leeches were applied to the temples, and calomel, and a turpentine enema administered.

I saw him with his medical attendant on the following day, October 10th. It appeared on enquiry, that for about a fortnight previous to this seizure, he had been more or less drowsy, often falling asleep before his dinner, but in other respects he did not appear ill. He had been a remarkably temperate man. The day preceding the attack he was in unusually good spirits, having unexpectedly received a small sum of money. Countenance sallow; pupils contracted, uninfluenced by light; is apparently quite insensible when spoken to; is unable to swallow, or protrude the tongue; yawns frequently; right arm bent over the chest, both it and the right leg paralytic, and insensible; almost constant jactitation of the left arm; pulse 80, soft, and compressible; bowels have been freely relieved; dejections and urine passed involuntarily.

He has a blister on the nape of the neck. To take two grains of calomel every three hours. An enema of strong beef tea to be administered every four hours.

October 11th. No change. Pulse 86, of moderate strength; pupils now contract under the stimulus of light; urine and feces still passed involuntarily, the latter dark, and pitch-like.

Continue the calomel. Head to be shaved. Ten leeches to be applied to the temples, and a blister to the vertex.

12th. Remains in the same state. Can now swallow a small quantity of fluid, but is now evidently weaker.

Enemata to be continued. To take five grains of the sesquicarbonate of ammonia in beef tea, every four hours.

The coma continued to the last, and he died on the following morning at six o'clock, ninety-six hours from the period of attack.

Inspection thirty hours after death.—Head well formed; cranial bones thin; dura mater slightly injected; vessels of pia mater extremely turgid; substance of the brain generally bloodless. The interior of the left hemisphere was completely softened, breaking down on the slightest pressure; the left ventricle, which was partially obliterated, was filled with semi-fluid blood, which extended into the third and fourth ventricles, as well as occupying a cavity, the size of a nutmeg, in the anterior lobe; the left thalamus and corpus striatum were nearly destroyed. On separating the hemispheres, the corpus callosum was found to be completely disorganized by softening, its place occupied by semi-fluid blood, mixed with softened cerebral matter; altogether, about two ounces of blood were effused. The right hemisphere was less firm than natural, but contained no blood; plexus choroides thickened, and greatly injected; left hemisphere of the cerebellum also softened. The nerves at the base of the brain were large, and well-defined, but in other respects this portion of the organ did not present any unusual appearance.

Remarks.—The pathological cause upon which softening of the brain is generally believed to depend, has been one of two conditions, either excess of action, allied to inflammation, or deficient action, whereby the cerebral structure is insufficiently nourished. Dr. Bright, in his valuable Reports, makes a three-fold division of causes upon which he believes partial softening of the brain to obtain:—First, "where from obstructed circulation the part undergoes a change analogous to gangrene;" secondly, "where from congestion the substance of the brain suffers a more or less complete laceration;" and thirdly, "where softening is produced by inflammatory action."

Among the most recent researches on cerebral softening, are those of M. Rochoux, who also makes a tri-partite pathological division of the causes, upon which he believes ramollissement to depend, viz., into hæmorrhagiparous softening, sanguineous infiltration, and inflammatory softening.*

As the views of this author are important, and may not be generally known, I need not apologize for culling somewhat lengthily from Dr. Ranking's valuable and admirably arranged "Half-yearly Abstract of the Medical Sciences." In the form of hæmorrhagiparous softening, M. Rochoux states that "The texture of the cerebral mass undergoes a gradual molecular alteration, losing its consistence and force of cohesion, until a moment arrives in which its fibres are ruptured by the simple force of the circulating fluid." Thus, if this view be correct, the softening is a precursor, and not a consequence of the hæmorrhage. This condition M. Rochoux affirms, will be found to obtain, (provided that the dissection be carefully prosecuted,) in a very great proportion of cases of sanguineous apoplexy.

In the sanguineous infiltration the same cause is recognized as in the former condition—"namely, a molecular change in the part. On this subject the

author makes a very important remark, that redness of the medullary substance cannot be considered a sign of inflammation, for inflammation never produces redness of the medullary, and seldom of the cortical portion. When sanguineous infiltration is present, the brain has a dotted appearance, similar to that which is observed in the vicinity of an apoplectic clot." The most important character of the lesion denominated by M. Rochoux, "inflammatory softening," is the presence of pus. "This may be easily recognized by sight; or by the simple expedient of pouring upon it a stream of water, which washes away the softened portion, an effect which it does not produce in the hæmorrhagic form. Whenever redness is observed, it is an indication of extravasation of blood, and not of inflammatory softening." If in addition to the foregoing observations we include that softened state of the brain, depending upon an obstructed circulation, and which is analogous to senile gangrene, we shall probably, (without being too exclusive,) obtain a tolerably correct estimate of the general pathological conditions peculiar to this affection. Extended microscopical research, will, doubtless, as it has already commenced to do, throw considerable and more definite light upon the intimate phenomena of this form of cerebral disorganization.

Softening of the brain, depending as it doubtless does, upon more than one pathological cause, may be either a precursor or a consequence of the hæmorrhagic effusion, which is so frequently found accompanying it.

From the extensive nature of the cerebral lesion, in the above case, I have no doubt but that for a lengthened period the texture of the brain had been gradually becoming disintegrated, and that finally, on the occurrence of an exciting cause, (probably some sudden physical exertion,) its fibres gave way before the increased impetus of the circulating fluid. It is indeed possible for a portion of the blood to have gradually escaped from the vessels by transudation, and that to this cause the drowsiness may perhaps, in part, be attributable. Molecular changes in the structure of internal organs, may, and frequently do, exist for a lengthened period, without giving rise to any symptoms indicative of their progress, and that this condition obtained in the present case is more than probable, from the fact of the patient having apparently enjoyed his ordinary health, up to a fortnight previous to the apoplectic seizure.

The premonitory symptoms of cerebral softening are often very obscure. In the present instance no circumstances occurred to attract the notice of the friends of the patient, until the supervention of drowsiness, which phenomenon, depended rather, I imagine, upon cerebral congestion, or perhaps sanguineous transudation, than upon ramollissement.

As most commonly attends similar affections of the brain, the opposite side of the body, to that in which the principal disease existed, was paralyzed and insensible. The right arm was permanently contracted upon the chest, a condition which very frequently obtains in softening of the brain. The remaining symptoms pointed to the existence of a considerable amount of compression, but as direct diagnostic signs of softening could not be made available.

On the treatment of ramollissement of the brain, even provided that the symptoms be sufficiently

* Archives Générales de Médecine, Nov., 1844.

marked to render our diagnosis probable, but little satisfactory can be stated. General blood-letting in the majority of cases will be unnecessary, and often hurtful; in this the aspect and habit of the patient will frequently afford the safest guide. If evidences of cerebral congestion predominate, the carefully watched influence of mercury upon the system may be desirable. A judicious regulation of the diet, and all collateral circumstances influencing the patient, at the same time giving tone to the nervous system by the exhibition of the mineral acids, with iodide of iron, will, in chronic cases at least, be found of considerable avail. The introduction of a seton in the nape of the neck, may be also advisable. The tincture of colchicum, in very small doses, not only in some anomalous affections of the head, but also in many chronic and obscure diseases of the thoracic and abdominal viscera, occurring in persons of middle age, will be found a highly valuable adjunct to the ordinary remedies, depurating the system of the excess of uric acid, and other materies morbi, which at that critical period of life so frequently exist in excess.

(To be continued.)

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

FUNGOID TUMOUR OF THE LOWER JAW.

Joseph Forster, aged 62, farmer, Allendale, of the sanguineous nervous temperament, whose progenitors have all been long-lived and healthy, admitted Oct. 9, 1845, with a large fungoid tumour on the left side of the face and neck, extending from the chin in front to the angle of the jaw behind, and above from near the zygoma down to the thyroid cartilage, projecting very high externally, and being found with a lobulated surface in the mouth; it has an unhealthy livid appearance, especially at its centre, where there is an opening made by the puncture of a lancet two months ago, out of which issues an abundant discharge of bloody sanies; the skin is adherent to the tumour for a considerable distance around the ulcer, but at other parts it is free and healthy; the tumour has an irregularly soft elastic feel, is moveable at that part which is situated above the jaw, but the rest is adherent to the lower part of the jaw, and to the structures below it, by firm and immoveable bands. He has a languid debilitated look, and a pale sallow complexion; complains greatly of the constant, dull, uneasy, aching pain in the tumour, which, together with excessive mental anxiety, prevents him from getting any sleep; also of frequent headache, flatulence, and sweatings, with annoying discharge of saliva.

Enjoyed excellent health previous to five months ago, at which time he received a blow on the face, which caused much swelling of the surrounding parts; observed, on its subsiding, a swelling below the jaw, which since then has rapidly enlarged to its present size; has had nine teeth extracted without any relief, and the incision made by the lancet voided only a little blood; has wasted greatly, and is becoming rapidly weaker.

To have the saturnine lotion with laudanum to the tumour, and to take ten grains of Dover's powder with five of rhubarb, every night.

13th. Sleeps much better; bowels rather confined; tumour the same; to have a purge and continue.

14th. Tumour removed this morning; two incisions were the first steps of the operation, one from the chin along the jaw to the lobe of the ear, the other also from the chin to the ear, but directed downwards in an elliptical manner, so as to isolate the diseased skin at the centre of the disease. The healthy skin was next dissected from off the surface of the mass, and the upper part of the tumour carefully separated from its deep adhesions to the soft structures, when the remaining part was found to be inseparably connected with the jaw, and the important tissues beneath it. The saw was used to aid the bone forceps in cutting through the symphysis of the jaw, and its neck being also undiseased, was likewise divided by them. Attempts were then made to remove the whole of the tumour, with the isolated piece of jaw, from its attachments to the hyoid bone, larynx, and external structures; it was however found impossible to do this completely without opening the great vessels, and unjustifiably meddling with other parts, whilst the man was greatly distressed and had fainted; as much, therefore, of the morbid matter as could with safety be removed, was cut away, and sutures employed to approximate the edges of the wound, after which a compress and bandage were applied, and the patient ordered a dose of laudanum, and sent to bed. Notwithstanding that each vessel on its division was securely tied, there was considerable hæmorrhage during the operation, and the constant welling into the deeper parts of the wound, made it very unsafe to use the knife for more than a few seconds together.

Vespere. No hæmorrhage; has slept at intervals, and is greatly recovered from the collapse; has not been able to swallow anything, and cannot articulate. To have an opiate.

15th. Easier; has slept a little, and continues to rally; cannot swallow more than a few teaspoonfuls of fluid, most of that taken flowing out through the large wound into the mouth; urine free; pulse 100.

To have beef-tea, an anodyne at bed-time, and castor oil in the morning, if needful.

17th. Doing well; beginning to swallow more fluid; sleeps well, and pulse is quiet and firmer; bowels free; wound dressed; stitches removed; no adhesions; considerable discharge of saliva and fluids yet, but can articulate a little better. To continue.

19th. Stronger, and keeps easy; wound covered by a slough.

To continue, and have a lotion containing two ounces of the solution of chloride of lime to six of camphor mixture, applied with lint to the wound every morning.

22nd. Improving; most of the fluids taken still flow through the wound, but swallows and speaks considerably better; sleeps well, and secretions are free; slough partially separating, leaving a granulating surface. To continue.

26th. Slough almost all separated; takes bread reduced into a pulaceous mass, with milk, for food, and is each day gaining strength; sleeps well without opiate, and is comfortable.

30th. Doing very well; is able to walk about the ward, and the wound is covered by granulations, which are perfectly healthy and discharge good pus; edges of wound are drawn together with straps of adhesive plaster, and dressed with the lotion.

November 5th. Wound contracting, and remains very healthy; bowels confined. To take two colocynth pills when needed.

10th. Going on well; wound contracting, and continues healthy; is gaining strength rapidly; speaks pretty well, and swallows light puddings, with nutritious fluids, very little of them now escaping through the wound into the mouth.

19th. His complexion has lost its sallow unhealthy hue, and he feels himself greatly improved; wound continues very healthy, but contracts slowly; that into mouth is much diminished. Continues to be dressed daily with the lotion.

24th. Wound contracting slowly, but is daily improving in his general health. Wishes to go home, where he will be under surgical care; is to send word how he progresses.

December 26th. No letter, so that it may be presumed he is yet doing well.

Remarks.—The origin of this tumour had probably no connexion with the blow he received on his face, for it appeared below the jaw first, and then spreading to the gums had apparently simulated a gum-boil, as he had then nine teeth removed. Whether the salted meat, upon which countrymen in general (as was the case with this man,) live for six days out of the seven, has any predisposing effect in favouring the development of malignant tumours must be uncertain, but most of the men that have applied here lately with them have been similarly situated to this patient.

The diagnosis of these tumours is seen to be very difficult sometimes, as with this case, for it was at one time a gum-boil, and at the other an abscess of the neck, needing the puncture of a lancet to allow its deceptive contents to escape. When he came here its nature was no longer doubtful; it was a large elastic tumour, having a free opening, but discharging nothing but a bloody sanies, whilst the man's health and mental comfort were most prejudicially affected. After its removal it was, as expected, found to consist of a vascular cerebriform matter, which had destroyed in some parts the outer table of the jaw, and reaching its cancellous structure, had likewise been deposited there; it had also in its superficial substance several nut-like portions, more condensed than the rest, which on being cut through, gave out the squeak, and had the peculiarly arranged appearance of a scirrhous breast.

Its removal was a fearful and hazardous operation; but the termination proved it to have been quite justifiable, for the man, before he left the hospital, was restored to his accustomed health, being free from pain, devoid of all mental anxiety, and having, in place of the distending fœtid mass that was constantly draining his blood, and which very probably would have destroyed him ere this, a healthy ulcer only; but it is much to be regretted that even this at present harmless sore, will most likely not continue long without assuming the character of that dreadful disease which will then perhaps pursue its course with lamentable voracity.

The lotion of the chloride of lime cannot be too

highly praised as an application to cancerous sores, and the happy and almost unexpected falling off of the slough with the healthy ulcer that remained, may perhaps in great part be attributed to the excellent corrective powers of this almost invaluable combination.
December 29, 1845.

CASE OF POISONING BY NUX-VOMICA, WITH A NOTICE OF SOME CASES OF POISONING IN WHICH THE SYMPTOMS WERE OBSCURE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The unfortunate case of an out-patient of the Manchester and Salford Hospital, noticed in your last number, reminds me of a case of poisoning by nuxvomica that occurred in my own practice. I was summoned to a young woman four miles from my residence, who was said to have swallowed poison. On my arrival an hour afterwards, her face exhibited strange and varying contortions; the eyes widely open; strabismus of ever changing character; the pupils excessively dilated; she was quite unconscious; the breathing was laborious and interrupted; the pulse slow and irregular; the motions of the limbs resembling an aggravated form of chorea Sancti Viti. A cup was shown me from which she had drunk; it contained a small quantity of water, in which was suspended a light brown powder. I immediately employed the stomach-pump, and, by repeated rinsings with warm water, removed a large quantity of what appeared a vegetable powder. I then injected into the stomach two ounces of castor oil, and ordered a purgative enema. She was frequently made to swallow a cordial draught, with camphor and ammonia.

The spasmodic symptoms subsided gradually. In about twelve hours she was restored to consciousness; but the pupils were unnaturally large for a fortnight, and it was a couple of months before the involuntary muscular contractions and twitches had altogether ceased. She is now in perfect health. The druggist, who sold the poison, told me that she asked him for arsenic, to kill rats, but he gave her half an ounce of powdered nuxvomica, which he was more in the habit of selling for that purpose. Believing the article to have been unadulterated, I was surprised that so large a quantity should have remained in the stomach an hour without fatal results.

I have been called to some cases of poisoning, in which the symptoms afforded me no clue to their source.

A few years ago I had the care of several persons who were poisoned by drinking beer that was brewed in a copper, previously used for boiling a large quantity of oxide of arsenic for agricultural purposes. The symptoms were so varied and extraordinary, that no medical man would have been likely to guess their cause. In one of the cases, (that of a man still living, and 76 years old,) the stomach was never painfully affected, but the limbs became cedematous, and all the toe-nails separated!

The following is another case, which occurred to me three years ago :—I was summoned to an inquest on an elderly female, who was found on the floor of her sitting-room, in the act of expiring. An hour before, she told her servant, (who was occupied in another part of the house,) she was going to take an emetic, a remedy to which she resorted occasionally for jaundice. An empty half-pint bottle, in which antimonial wine had been procured, was on a table close to her; she had not vomited. I knew that children had died without sickness after an over-dose of tartarized antimony, and it was not an unreasonable supposition that the feeble old woman had suffered fatal prostration from the same cause.

The jury were about to return a verdict, when I applied my tongue to the mouth of the bottle, and became conscious of the presence of an acid. Leave was immediately granted to inspect the body, and although the mouth was uninjured, the whole stomach was blackened, and so far disorganized as to allow of ready perforation by the finger. It contained above a pint of dark thick fluid, which yielded about an ounce of sulphuric acid. It was proved beyond question that the same bottle had really contained the wine of antimony, but whether the substitution of vitriol had been made by the woman herself with a view to suicide, or by some other person to destroy her, the jury were unable to determine. The bottle appeared dry, and had a vinous smell, so that the detection of the acid seemed rather accidental than otherwise.

I am, Sir,

Your very obedient servant,
W. H. FRY.

Brighton, December 29, 1845.

SINGULAR CASE OF INTRA-UTERINE PERFORATION OF THE PLACENTA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following curious, and as far as I am acquainted, unique case, occurred to me yesterday morning. If you think it sufficiently interesting to find a place in the Provincial Medical and Surgical Journal, it is much at your service.

I remain, Sir, yours truly,

THOMAS TAYLOR.

Cricklade, December 11, 1845.

I was called yesterday morning at four o'clock to attend a young married woman in labour of her first child. The membranes had ruptured at four o'clock the morning previous, but she suffered no pain until two hours before I saw her. On entering the room I found her pains strong and effective; and on making an examination, I found a footling case with the breech in the pelvis. The pains becoming strong and expulsive, without a corresponding advance of the child, I brought down the presenting right foot, but was unable at that time to reach the other, the leg being in a position parallel with the body of the infant. The breech having been protruded, I again attempted to deliver the left leg, but on passing up my

finger for that purpose, I found apparently a strong ligament, very tense, attached immediately below the knee, and which kept the limb in the position it was in, and incapable of being delivered; the arms however were easily brought down, and in a few minutes delivery took place, and with it the placenta—the child was still-born. On examination the placenta, which was lying on the chest of the infant, was discovered to be pierced by the right arm and left leg; the part round the leg being so firmly bound round it as to have destroyed the skin and cellular membrane by absorption; the calf of the leg was much swollen by the pressure during labour. There was no hæmorrhage; on the contrary the discharge was less than usual. The child was small, and about three weeks before its time. The mother is doing well.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 7, 1846.

A fitting subject for the commencement of another annual period of our labours might be found, either in the reviews of the occurrences of the past year, or in the contemplation of our present position, and the prospects of the coming season. The large portion of this number, however, which we have been compelled to devote to other purposes, were we to take either a retrospective or a prospective view of the subjects which have engrossed, and must yet for a time continue to press upon, the attention of the profession, would render it necessary to confine our observations within very narrow limits. We can only, therefore, on the present occasion, very briefly allude to the situation in which the opening of the ensuing Session of Parliament will find the question of such a reform of our institutions as circumstances now render imperative.

The experience of the preceding seasons, in reference to legislation for the consolidation and improvement of the Medical Profession, while it has tended to develop some serious difficulties in the way of a satisfactory and final settlement of the many important questions involved in it, will, it is to be hoped, prove useful in inducing all parties concerned to yield in such points as are not essential to the establishment of valuable provisions. With some concessions and a spirit of conciliation, the best parts of the several measures which have been submitted may, we think, be retained, and at all events, if a perfect measure, satisfactory to all parties, be not, under the existing circumstances of the profession, practicable, one which shall embrace many really beneficial points, and capable of future improvement with the advance of knowledge in the onward progress of events, may yet be hoped for.

Under any circumstances the disposition shewn

by the Home Secretary to listen to the opinions of the Profession is encouraging, and though the privileges heretofore acquired by various existing corporate bodies, and the clashing interests of different classes may interfere with the carrying out of his designs and the wishes of the profession at large to their full extent, we trust in the ensuing session of Parliament to find him once more giving his attention to the subject, so as to produce a measure which shall be really beneficial, and relieve the members of the medical profession from the necessity of keeping alive discussions alike alien to their habits, and prejudicial to the calmer pursuits of their calling.

A Memoir on Amputation of the Thigh at the Hip-Joint, (with a Successful Case.) By WILLIAM SANDS COX, F.R.S., Fellow of the Royal College of Surgeons of England, &c. &c. London, 1845. Folio, pp. 47. Plates.

The author of this memoir, Mr. Sands Cox, is well known to the profession as a distinguished provincial surgeon, and the founder, we believe we may say, of one of the earliest of the Provincial Medical Schools. The work itself gives, in addition to the particular details of a successful case of the formidable operation of removal of the thigh at the hip-joint, a succinct account of the history of this operation, with copious references to preceding cases, and various other particulars necessary to the acquirement of a full and sufficient knowledge of the subject.

The danger and severity of the operation have led many eminent surgeons to discourage altogether the attempt at removal of the thigh by this means; others again have deemed that there are circumstances which render its performance justifiable. Among the latter it is needless to say, is the author of the treatise before us. The causes which he enumerates as rendering a recourse to this operation advisable are:—1st., certain severe injuries to the head, neck, and upper part of the femur; 2nd, the removal of the thigh by machinery; 3rd, mortification; 4th, caries and osteo-necrosis; 5th, exostosis and hyper-ostosis; and 6th, various tumours of a non-malignant character.

Three methods by which the operation may be performed are described,—the flap, the circular, and the oval incision. The method adopted by Mr. Sands Cox in the case which forms a part of this memoir is a modification of the flap-operation, the flaps being taken anteriorly and posteriorly, as affording greater facility for restraining hæmorrhage, the formation of a better line of union, and being better adapted to the peculiar circumstances of the case.

The time employed in the operation itself was under thirty-five seconds; all the vessels were secured

under five minutes, and scarcely five ounces of blood were lost during its performance.

For the particulars of the case, and the several steps of the operation, as well as the after-treatment, we must refer to the treatise itself. We have one observation, however, to make in reference to the medical treatment. The author observes, "The use of opium, so strongly recommended by some surgeons, was sparingly administered. I doubt very much the propriety of its employment, under ordinary circumstances, after operations. It may allay the pain and irritation for a time, but I am convinced that the depression which succeeds its exhibition more than counterbalances its good effects, and it at the same time checks the secretions of the chylo-poietic viscera." Looking at the nature of the case, and the success which attended the operation, it is with some hesitation that we express a difference of opinion on the subject of the administration of opiates, but a careful perusal of the reports of the daily progress of the case, cannot but lead to the conclusion that the opium, when administered, was not only attended in each instance with the best effects, but that it might perhaps have been more freely used, with advantage both to the comfort and safety of the patient.

From the statistical details brought together by Mr. Sands Cox, the operation seems to have been chiefly performed in France and in this country. The following table exhibits a summary of the results which he has collected:—

	Successful.			Unsuccessful.			Total cases.
	Civil.	Army.	Total.	Civil.	Army.	Total.	
England	3	4	7	4	11	15	22
Scotland	1	"	1	5	"	5	6
Ireland	"	"	"	1	"	1	1
France	6	5	11	17	8	25	36
Germany	3	"	3	6	"	9	9
Lithuania	"	"	"	3	"	3	3
Portugal	"	1	1	"	1	1	2
Syria	"	"	"	1	"	1	1
America	2	"	2	1	"	1	3
Unknown	"	1	1	"	"	"	1
Successful Cases	-	-	-	-	-	-	26
Unsuccessful Cases	-	-	-	-	-	-	58
Total-	-	-	-	-	-	-	84

In conclusion, we must remark that Mr. Sands Cox's case is extremely creditable to the surgery of the provincial hospitals and schools, while the memoir itself may be consulted with advantage by hospital and military surgeons, and others who may be called upon to undertake operations of a like nature.

GENERAL MEDICAL ANNUITY FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In reply to your correspondent:—"What are the circumstances which would render a member eligible to be put upon the superannuation list of the General Medical Annuity Fund?" is a question of such importance as to demand a clear and explicit answer, and although the distribution of annuities will devolve upon the Court of Directors, yet as the projector of the Institution, I may be permitted to explain the principles which will guide that body in the discharge of its duties. Superannuation then, is that state of mind or body which unfits a man for the duties of his profession, and may arise as well from the effects of disease as from the infirmities of age. It is not proposed to define the period when this superannuation shall commence, but to be guided in this particular, entirely by the force of circumstances; neither is it intended that any stated amount of income shall debar any member from becoming an Annuitant, as the great point to be decided will be, whether the annuity will add to the *comfort* and *requirements* of the disabled practitioner. A reference to the practice of the legal profession will perhaps better enable me to illustrate this point. The Court of Directors in the discharge of their duties will, like our Chancery Judges, endeavour to "do equity," and not as in the common law, be so tied down to the strict letter of the law, as to prevent the exercise of that discretion, so necessary in all human institutions.

I am, Sir,

Your obedient servant,

EDWARD DANIELL.

CURE OF GANGLION BY IODINE.

The powerful effects of iodine in promoting absorption are well known to the Profession generally, and its application is daily becoming more varied and extensive. In the number of this Journal for December 10th, Mr. Ray relates two cases of hydrocephalus, which he states to have been clearly marked, in which he has employed it with success. If on further trial it should be found efficacious in so formidable and fatal a disease, it will indeed be a most valuable remedy, and judging from analogous cases, I should be induced to give it a fair trial, with greater confidence than the operation of evacuating the fluid. I have employed it a good deal in effusions into joints and sheaths of tendons, and lately in the following case with decided benefit.

A delicate little boy was brought to me from a considerable distance with a large ganglion on the flexor tendons of the wrist, extending into the palm of the hand. I have generally got rid of these effusions by a smart blow, which has burst the sheath, or where that could not be effected by blisters; but this is a tedious and painful process. As I could not adopt either of these plans in this case, I determined to paint the whole over with a saturated solution of iodine, which completely removed both in a much shorter time than I could have imagined.

JONATHAN TOOGOOD.

Torquay, December 27, 1845.

MEDICAL INTELLIGENCE.

Dr. W. B. Carpenter, having been recently engaged to deliver a series of lectures at the Royal Institution, Manchester, "On the Microscope and its Revelations," was invited by a privately-formed class of resident medical practitioners to deliver, during his stay among them, a demonstrative course "On the Physiological Applications of the Microscope." In compliance with this invitation Dr. Carpenter gave ten lectures, illustrated by numerous drawings and microscopic demonstrations, in the Lecture Theatre of the Medical School, commencing December 2nd, 1845, and terminating on the 23rd of the same month. The information which was afforded comprised nearly all the recent advances made in physiological science by aid of the microscope, more especially in regard to the modern doctrines concerning cell-development. Altogether the lecturer acquitted himself in a manner most creditable to his own reputation, and to the highest satisfaction of his auditors; evinced most honourably to Dr. Carpenter by the unanimous adoption of the following resolution, which was moved by Mr. Turner, Surgeon to the Manchester Royal Infirmary, and Lecturer on Anatomy and Physiology; seconded by Mr. Ransome, also Surgeon to the Infirmary, and Lecturer on Surgery:—

"That the present class, consisting of upwards of thirty physicians and surgeons, resident in Manchester and its vicinity, do hereby record their warmest approbation of the admirable manner in which Dr. W. B. Carpenter, of London, has just delivered to them a course of lectures on the Physiological Applications of the Microscope; and that Mr. Noble, as the gentleman who took upon himself the arrangements for the constitution of this class, be requested to furnish Dr. Carpenter with a copy of this resolution, as a merited testimony, on their part, of his distinguished talents as a physiologist, and of his efficiency as a lecturer."

MEDICAL APPOINTMENTS.

Dr. Page has been elected Physician to St. George's Hospital, in the room of Dr. Macleod, resigned; and Dr. Bence Jones, Assistant Physician, in the room of Dr. Page.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, January 2nd, 1846:—J. H. Budd; A. Davies; J. R. Holman; T. B. Thwaites; J. B. Gilpin; J. Welch; L. C. Heslop; S. S. Sidebottom; J. Broadbent; W. A. Harland.

TO CORRESPONDENTS.

Communications have been received from Dr. Favell; Mr. Collier; The Birmingham Pathological Society; Mr. F. A. Gibb; Mr. Kelson.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princess Street, Soho.

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VOL. II.

OF

THE HALF-YEARLY ABSTRACT
OF THE
MEDICAL SCIENCES;

BEING A PRACTICAL AND ANALYTICAL DIGEST OF THE CONTENTS OF THE PRINCIPAL
BRITISH AND CONTINENTAL MEDICAL WORKS PUBLISHED IN THE PRECEDING HALF-
YEAR; TOGETHER WITH A CRITICAL REPORT OF THE PROGRESS OF MEDICINE
AND THE COLLATERAL SCIENCES, DURING THE SAME PERIOD.

EDITED BY

W. H. RANKING, M.D., CANTAB.,

Physician to the Suffolk General Hospital.

ASSISTED BY

W. A. GUY, M.D., Cantab., Professor of Medical Jurisprudence, King's College London.

GEORGE DAY, M.D., Cantab., Lecturer on Materia Medica, at the Middlesex Hospital Medical School.

HENRY ANCELL, M.R.C.S., Lecturer on Medical Jurisprudence, &c., Saint George's Medical School.

W. KIRKES, M.R.C.S.

The great success this work received on the appearance of its First Volume, has encouraged the Editor to make additional arrangements to those he had originally entered into, and which he trusts will be found to add, both to the literary merits and practical value of the publication.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

By GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of
Ireland.

The subject of the late febrile epidemic which has visited this town and neighbourhood, has excited much attention and discussion amongst the medical practitioners of the locality, and particularly in those districts where its chief visitation was experienced. The cause, nature, and extent of its somewhat remarkable visit, have appeared to me deserving of investigation, whereby, if possible, a sufficient array of facts might be obtained, and something like a correct estimate of its natural history could be deduced.

The subjects of inquiry have resolved themselves under the several heads of—

1. The usual features of the fever.
2. Its essential characters.
3. Its contra-distinction from ordinary continued fever, and from typhus.
4. The complications.
5. The period of crisis, if any.
6. The rate of mortality.
7. The *post-mortem* appearances.
8. The treatment.
9. The district invaded.
10. The cause or causes,—if traceable to topographical position.
11. To meteorological changes.
12. The epidemic constitution and prophylaxis.

In the course of reviewing the various phenomena presented in groups of febrile disturbances which have extended, within certain limits of range, over a population in general the least subject to ordinary fevers, I have proposed to myself the plan of introducing, in the first place, a general sketch of the epidemic, and then noticing the various peculiarities remarked by different observers, under the review of each of the foregoing heads. By so doing, the tabulated results can be better compared with each other, because exhibited in their dependent, rather than in an isolated and abstract form; and their several relations to each other, and to the whole class of phenomena, can be shown. The reader will thus be spared the weariness of consulting or collating tables for himself, whilst the accuracy of statistical investigation can be preserved, so far as the method of enumeration can realize a practical end. It may be desirable to mention, that every statement brought forward in this manner

has been weighed by others as well as myself, and has the stamp of ascertained fact for its recommendation.

I. *What were the usual features of this epidemic?*—The earliest impression of the morbid agency was, as usual in other febrile movements, marked by (a) rigor, or shivering, accompanied with pallor of the surface, indicating the first disturbance of the balance of the vital fluids, by the repulsion of blood towards the internal organs. This stage varied in its duration in different cases; it was, however, seldom absent or indistinct, except in the very mildest cases, which indeed could hardly be termed cases of fever; more commonly it was prolonged beyond the corresponding stage of common continued fever, the vascular system appearing much oppressed, and as if deprived of the power of complete re-action. In some few instances, this stage of fever,—the stage of first collapse,—was never followed by any re-action; and it may then be said to have continued into death itself, like the first impression of genuine typhus. Such instances occurred as well in the fever-wards as in private practice.

When the symptoms of collapse—small weak pulse, prolonged rigor, pallor of skin, and reduction of animal heat, especially of the surface and at the extremities, &c.,—continued to a fatal termination, it is evident that the type was of a highly congestive character. These rapid cases, lasting from a few hours to two, three, or four days, must be included under the class, “extreme congestive fever,” of Dr. Arnott; as for reasons to be hereafter shown, they can not be admitted into the category of true typhus.

Where the symptoms of the first stage were of a milder kind, and the repulsion of the blood was not so strong in directing the circulating current back upon the heart, there was then a correspondingly mitigated stage of (b) re-action, wherein the pulse, in the generality of cases, would rise but little, so as to strike the observer with some surprise at the slight variation from the natural standard. It would be small and compressible, or else jerking, indicative of the effort of the heart to relieve itself of the accumulated stimulus thrown upon it by the determination to the internal organs.

(c.) Muscular prostration was very general, and sometimes the pain of the limbs was remarkable.

(d.) The sensibility of the whole surface of the body was generally depressed, although there were several instances in which, in some particular regions, it was to a remarkable pitch, preternaturally exalted along with the gradual establishment of re-action; and this would generally continue, with but slight mitigation, throughout the whole course up to convalescence.

These regions have been most commonly about the head, especially towards the back part, and then passing down the back and sides of the neck; next in order came the shoulders and arms; and, lastly, the thighs and legs.

(e.) Tenderness of the epigastrium, extending round to the right hypochondrium, was, perhaps, the most prevalent symptom of topical embarrassment, and next, of the right iliac region, corresponding in some cases to the ileo-colic valve.

(f.) Fur of the tongue, either white or cream-coloured, and moist, or of a slaty brown, with varying intensity of shade and tint on to redness, more particularly of the tip and edges, or cracked and glazed; sometimes with a dry centre, and thick coat of brown fur; at other times, clean and pointed. It would be difficult to fix upon the most general condition of this organ, although more positive characters might be looked for. One marked feature was (g) a tremor, or tremulousness, very commonly observed, when the tongue would appear hardly capable of self-sustentation, and therefore showed itself as resting upon the teeth. This condition of the tongue seems to me very characteristic of the early impression of the sedative agency of the malarious poison, as, from its delicate balance of muscular arrangement, the tongue becomes, perhaps, the quickest indicator of any disturbance of the nervous system. This is exemplified in the physiology of drunkenness. In the prostrated muscular power of the tongue, we find a correspondence with the general muscular prostration, as well as with (h) mental anxiety, or hurry; and it is of practical interest to predicate of these two systems—the muscular and cerebral—a general corresponding condition to that of this delicate physiological or anatomical balance, the tongue. The mental disturbance, in some few cases, went to the length of annihilation of mental manifestation—a state described also technically by the term “lassitude.”

(i.) Restlessness was a leading characteristic of the epidemic, even in those cases where the presence of low delirium was not superadded. This mild form of sensorial disturbance was noticed by all, and not unfrequently resisted for a long time the effects of opiates of various forms administered for procuring rest; the mild sedative form, now called hypnotics, were generally useless. This restlessness was one of the symptoms the most annoying to the patient, though perhaps the least indicative of danger; and not only did this phase of morbid agency associate itself commonly with the other symptoms of febrile disturbance, but it was also present to a very general, I had almost said universal, extent, even when dissociated from other morbid actions, in the personal experience of the healthy inhabitants of the invaded districts, which, along with pains in the limbs, &c., was an unpleasant impress of the “epidemic constitution.” To this feature I shall return when discussing the subject of prophylaxis.

(j.) Mild delirium was very common; it did sometimes assume a more severe form, but was then, I believe, always connected with some cerebral complication. Generally the delirious excitement was described by all observers in the same terms—“low delirium,” muttering, or moaning, or slight forms of hallucination. It was possible, too, usually to rouse the patients out of this state back to consciousness, by putting a ques-

tion energetically, or suddenly drawing their attention, after which they would relapse into their habitual semi-consciousness.

(k.) The pupil was often observed to be dilated.

(l.) The countenance in several cases, perhaps more generally in women, had a peculiar waxy look, which contrasted with the flush on the cheek-bone, and gave a singular turn to the features: this was, perhaps, more noticeable in the fever-wards than in private practice. My friend, Dr. Dickinson, first directed my attention to this symptom when going round the wards with him, where this waxen face and flush could be contrasted with the patient labouring under genuine typhus in the adjoining bed. Whilst the countenances of both subjects had the indescribable print of “fever” stamped upon them, the peculiarity alluded to was superadded, and so expressive, that by this character, at first glance, it was easy to select out from the typhoid and common continued forms, this nervous form of fever.

(m.) Deafness occurred occasionally, in the extreme congestive form; scarcely in the milder form.

(n.) Cough was also present, and considered by some practitioners so usual a symptom as to characterize the epidemic. It was undoubtedly a frequent symptom, and so was complication of the thoracic viscera, as I shall afterwards show. The cough must be ascribed therefore to this complication, and not as belonging essentially to the epidemic, however frequent it might be, because in a certain number of pure cases there was none.

(o.) The bowels were frequently subject to a diarrhoea, though not usually of a very intractable form. Constipation on the contrary, would prevail in another set of cases; whilst, again, in others there would be but trifling deviation from the usual state of the patient's habit. The variation in this respect, as well as in several others, would, there is no doubt, be caused by the different sanitary condition of different localities or wards of the town.*

(p.) The urine did not appear to vary particularly.

Of the “extreme congestive form,” a few cases have been met with both in private practice and in the fever-wards, but I have no data as to the number of such cases. It is reasonable to infer, that judicious and prompt treatment has recovered the patient, in several instances, thus staggered under the stroke of the malaria, and planted him in the second stage, where the resources of the natural powers are better able to contend with the diffused effects of the poison. In the records of the fever-wards, I find that during the epidemic period, a very few cases were brought in, with such prostration of the vital energies, that they could not be rallied by any resources of art.

Where the re-action was fully established, and at an early stage, the symptoms would frequently run a mild course; and if the constitutional powers were economised in the course of the treatment, so as neither to cripple their spontaneous efforts at restoring the balance, nor to fail in rendering essential aid where pointed out by the indication of symptoms, then a gradual rallying into convalescence occurred, with or without observed crisis; and it sufficed to solicit

* It is almost superfluous for me to refer to Dr. Duncan's very able pamphlet on the *Health of the Town of Liverpool*.

gently the regular action of the bowels, to exhibit some light and suitable tonic, and, perhaps, an occasional calmant for the nervous system. Some cases which set in rather formidably in the first stage, would thus come round very favourably through the second, and present for the last stage a convalescence which eventuated in restored health, though not at its former vigour. In this respect the epidemic was possessed of a feature characterising the epidemic catarrh, or "influenza;" and not only in this point had it a resemblance to the latter, but the complication of catarrhal symptoms was so often present in certain localities, that many of the practitioners called to such felt disposed to consider it a modified influenza. It deviated, however, in one important respect from this latter affection, in that it showed itself in the close of the autumnal quarter, and just declined as the period for the usual catarrhal epidemic came on.

Whilst referring to this subject, I may be allowed to venture one general observation, which will, I trust, if borne out by the more experienced judgment of others, prove in some points of practical value, as containing a proposition to be held in remembrance in the treatment of such affections in future,—*that there is a tendency in modern epidemics to assume a common character of nervous depression, more especially in densely populated districts, but by no means limited to such; wherein a routine practice of what is called "antiphlogistic treatment," without decided and particular demand for such by urgent symptoms, is decidedly erroneous, as weakening the vital powers, and thereby prejudicing the attempts at a spontaneous crisis, and retarding convalescence.*

Whether such change of character of many diseases is traceable to the altered social manners of life and the enervating habits of many, inducing a less robust state of the body, and which either as a weakness of the bodily frame generally, or a diseased predisposition, is capable of transmission from parent to offspring; or whether due to the densely populous towns now rising up around us to an extent, in many rural districts, far exceeding the former metropolitan populations; or that there are cycles of disease uniform with the periodic revolutions of other observed phenomena in the natural world, it would be foreign to the purpose of this paper to enter into. It is, however, an inviting subject of speculation for the inquiring mind, and a legitimate subject of reflection and research both for the philosophical physician and the philanthropist.

To return:—Where the latent stage, as it is called, has been unusually prolonged, whether from the weak constitution of the patient, or from its occurrence within the focus of the epidemic invasion, there, as in other fevers, the associated phenomena of the stage of re-action were marked by characters of doubtful import, as if some uncertain seizure of some one or other important organ were threatening to take place; and there can be no question that the intensity or prolongation of the congestive stage predisposed, throughout the indeterminate course of the second stage, some or other weak organ of the body to mischievous arrest of its circulation, if not to all the conditions of a more or less sthenic inflammation. These were precisely the instances where the alertness and sagacity of the practitioner were largely called upon to anticipate the

earliest symptoms of what might prove a dangerous complication. His skill and experience were exercised to divine what would constitute the weakest and most assailable point for an insidious attack; and in such cases, especially, a knowledge of the former health and habits of the party, could alone enable him to meet rising symptoms of an unfavourable character, and to direct with most effect the resources of his art. Where so much was found to depend upon a knowledge of the previously healthy or disordered state of the vital and other important organs, how could the absence of such needful data be adequately supplied? for even when aided by them, the well-educated and pains-taking medical attendant would find the daily interrogating of the chief visceral cavities, hardly sufficient to detect the quick and deceitful deviations from normal integrity of function or organization. The difficulties and dangers arising from the implication of important organs in the course of fever, are familiar to all, whether occurring primarily in a previously sound viscus, or secondarily, in a part already crippled or debilitated by general or local disease. It suffices, then, simply, in this general sketch to remark, that the usual difficulties springing from the above-named source were felt by all; that though symptom-treating in fever has been as productive of good, and is therefore as sound an empirical practice, (using the word empirical in its philosophical and strict sense), as ever practice upon hypothesis, or theory has been, yet it was incumbent to remember, that a single symptom taken as a guide would frequently would prove fallacious; and, again, that where a group of symptoms were to be weighed, a solitary monition in the presence of a single symptom of importance could not be overlooked with impunity. So nicely was the balance of discrimination hung in many cases, that, after all, the "tactus et visus eruditus" found it no easy task to thread the maze.

The value of the rate, volume, &c., of the pulse, as a general index of the state of the system, was much lessened, as often in the cases of this epidemic, the pulse seemed to deviate comparatively little from the natural standard in many important characters? If the risk of implication of sundry organs were to be calculated by the state of the pulse alone, how was the mischief to be early detected when serious complications stole on, and the pulse would only indicate the mischief when its extent had gone very far. Yet such was the case in many instances. If again, the indications of the tongue were relied on, and from its comparatively natural state, presenting inconsiderable deviation, especially at the earliest periods, a feeling of security were indulged in by the medical observer, and a favourable prognosis too sanguinely drawn, what would be his surprise to discover that he had been too hopeful as to the mildness of the case? or, if the state of both pulse and tongue were estimated as favourable, and convalescence attained, his regret should be called forth at finding a proneness to relapse, and the patient become again feverish and restless, whilst he could not accuse indiscretion in diet or regimen, as in other cases of more regular fever; or, again, if he relied upon uniform progression of symptoms, as in a case of typhus or continued fever, and he found a mitigation of symptoms and cherished a hope of approaching convalescence, at the ensuing visit of a few hours interval he should

find an exacerbation of them all, and be obliged to resume at this, at whatever risk of credit for consistency of character, some treatment, the suspension of which he had ordered at the last visit. Such and other annoying features were inscribed upon the past epidemic, and the practitioner had unusual demands made upon his resolution, by the occurrence of all the possible phases of the febrile type, with mutability and irregularity. Fallacies, the pushing of rules too rigorously, and a tendency to relapse during apparently promising convalescence, along with the insidious features of convective complications and nervous anomalies, were the stumbling blocks against which he might often stake at once his patient's chance of restoration and his own reputation.

(To be continued.)

CASES OF INJURY OF THE HEAD.

By JONATHAN TOOGOOD, M.D.,

Licentiate of the Royal College of Physicians,
Fellow of the Royal College of Surgeons, and Consulting
Physician and Surgeon to the Bridgewater Infirmary.

CASE I.

Mr. M. I., a very strong man, aged 32, was thrown from his horse, on Thursday night, May 16th, and received a violent blow on the left side of his head and shoulder. He was stunned by the fall, and lay on the road insensible for some time. He was removed to a house about two miles distant, where, after some time, he recovered his senses and walked up stairs with a little assistance. No injury could be discovered on examining the head. He was bled to thirty ounces, took some active purgative, and was directed to be kept quiet.

On the following evening I visited him in consultation with Mr. Board, who saw him on the receipt of the accident. He was in a state of abstraction, but not insensible; was easily roused, and answered questions rationally; his head was fixed to the pillow; the pupils were natural and readily contracted; there was great intolerance of light; the pulse was frequent, but natural, neither full nor hard; the respiration and skin natural; he was very irritable and restless, and complained of much pain in the head; the tongue was furred and loaded, and there was frequent sickness; he was deaf in the left ear, but heard perfectly in the right; there had been no discharge of blood from either. The head was carefully examined again, but no injury could be detected. He was bled freely and the carthartic medicine repeated.

On the Sunday evening I received the following report from his surgeon:—"The carthartic medicine acted powerfully, by which he was much relieved, and passed a quiet night. On Saturday, the pain in the head and morbid sensibility of the retina had much abated. He got out of bed every time the medicine acted without assistance, but when in the erect posture required to have his head supported, and it is worthy of remark, that every time he got up, a few drops of blood fell from his nose; he took neutral salts and other febrifuges, which acted properly, and strict antiphlogistic regimen was observed. The pulse

was 90 and small, the intellect unimpaired, and he gave signs that his memory was as strong as ever; conversed rationally, and with his accustomed cheerfulness. On Sunday his friends were all convinced of his amendment; his head was still more relieved, and the bowels open. In the evening, however, his face became flushed, and the pulse fuller and harder. Thirty ounces of blood were taken from his arm, which sank the pulse and greatly relieved him. In compliance with his urgent solicitation a blister was applied to the nape of the neck."

On Monday I visited him again at nine a.m. He had passed a quiet night, got out of bed twice without assistance, was very tranquil, but had not been sensible at times. He complained a little of his head; the pupils were natural, and contracted very readily; pulse regular, but frequent; respiration and skin natural. He felt weak, and mentioned a tingling sensation and numbness of the left arm, which came on at three in the morning. He was perfectly sensible, and not only related all the circumstances of the accident, but referred to a former one which occurred some years before. On minutely examining the head, he shrunk on pressure being made over the temporal muscle of the right side, and on increasing the pressure, he immediately had a violent epileptic fit, from which he soon recovered and became as sensible as before, and continued relating the history of his former accident, taking it up at the point he had left it on the occurrence of the fit.

Another trial was made by pressing very firmly on the same spot, which did not however, produce a similar effect, although he shrunk from it, as it gave him pain. At eleven o'clock he had another fit. At twelve he expressed himself as feeling much better, raised his head from the pillow and shook it, saying that he felt no pain, but only a weight on his forehead; he complained still of the numbness and tingling of the left arm and hand. At one he had another severe fit, and as soon as he was recovered from it he was bled. Soon after this he had another; after which he lay motionless on his back, the fits succeeding each other at intervals of a quarter of an hour until three o'clock, when he expired. The pupils contracted on exposure to light, and he gave tokens of sensibility ten minutes before his death.

On denuding the cranium, not the slightest injury could be discovered. The right temporal muscle was removed, but no fracture could be detected at the part on which pressure seemed to have produced the epileptic fit. The left temporal muscle was black with extravasated blood, from the blow which seemed to have been received on this part. The vessels of the dura mater were loaded with blood, and on removing it, the right hemisphere was found enveloped in coagulated blood. On removing the hair two fractures were immediately visible—one on the right side, extending about two inches upwards and downwards in a right line through the squamous suture; the other running through the centre of the mastoid process and petrous portion of the temporal bone, to the centre of the base of the skull. A piece of the petrous portion, about the size of a pea, was entirely detached, but not displaced so as to cause pressure.

CASE II.

William Govier, aged 44, was thrown from his horse

on the night of November 16th, 1826, and sustained a severe fracture of the skull. He walked with assistance to a cottage at some distance; although insensible he soon recovered his senses and retained them. On a careful examination of the nature of the injury, it was found to be very extensive, the fracture running through the anterior superior angles of the parietal bones and upper portion of the frontal bone, immediately over the longitudinal sinus. Several loose portions of bone were driven into the brain to a considerable depth, so that it was a good deal lacerated. It was determined at once to proceed to an operation. Accordingly an angular portion of bone was first removed with Hey's saw, with the intention of raising the depressed pieces; but this was found to be impracticable, until a larger portion was removed by a circular saw, which gave plenty of space for detaching the numerous broken pieces. One very large portion was driven down under the frontal bone, immediately over the longitudinal sinus, the removal of which was effected with much difficulty, and followed by profuse bleeding from the sinus. This, however, was completely checked by the introduction of a plug of lint. He was bled freely, and the usual antiphlogistic practice pursued.

His recovery was perfect, although delayed by the supervention of an attack of acute rheumatism.

CASE III.

Isaac Bevan, aged 15, was knocked down by the vane of a windmill, which was rapidly revolving on a very windy day. The blow was so violent that it broke the wood-work of the frame, and drove the boy forwards to a considerable distance. Being in the neighbourhood at the time of the accident, I saw him immediately. There was an extensive laceration of the scalp, and fracture of the temporal and occipital bone. He was stunned, but not wholly insensible, and had vomited. He was removed to the Bridgewater Infirmary in a cart, a distance of ten miles, six or seven hours after the accident. On enlarging the wound, the injury was found to be so great, that I considered the case almost hopeless. The bones were broken into many pieces, some of which were completely detached, and driven into the brain, portions of which were discharging from the wound. I removed sixteen pieces, the largest of which was driven down to the base of the skull, and got up with great difficulty.

He remained insensible after the operation, but on the following morning he was free from fever. Although he did not regain his speech or senses until the tenth day, he completely recovered in a short time without any active treatment.

CASE IV.

John Greenfield, aged 18, a strong, healthy, farm-servant, was brought to my house at six in the evening of Monday, the 9th of September, having about two hours before received a kick on the head from a cart-horse, which knocked him down, but did not stun him, for he raised himself on his knees before a man who saw the accident from a short distance could come to his assistance, and was able to describe the manner in which the blow was given, and to tell his name and place of residence. There was a wound over the right eye, which led to a very considerable fracture of the frontal bone. He was quite sensible, complained only

of slight pain in the head, and walked some distance to an inn, and was put to bed. He had some stupor, but not in any considerable degree; sickness, which was increased by pressure on the fracture; dilatation of the pupils, which contracted on the approach of a candle; the respiration was natural. As the symptoms were not urgent, a small quantity of blood was taken, and a purgative administered, which was thrown up four hours after, whilst examining the wound, and removing some coagulated blood. The pulse was 60, and intermitted once in fifteen or twenty beats. He was again bled, and directed to be kept quiet.

Tuesday.—He passed a tolerable night, but was frequently sick; stupor rather increased; pulse 60, but more oppressed; respiration rather laborious. On the whole the symptoms are increased, but he got out of bed without assistance during the night to make water. At twelve o'clock I divided the scalp right and left in a semicircular direction, which enabled me to ascertain the nature and extent of the injury. The fracture began about the middle of the frontal bone, and ran across the frontal sinus towards the temporal bone to the extent of nearly two inches. The principal depression was at the sinus; the edges of the bone, particularly towards the orbit, were very jagged, and irregularly broken. I found Mr. Hey's saw extremely useful in removing the rough edges of the bone, which enabled me to raise several large detached pieces. Eighteen fragments were removed, including the whole frontal sinus. Having carefully removed a considerable quantity of coagulated blood from the dura mater, the scalp was laid down and covered with light dressing. The pulse rose immediately to 86, and became perfectly regular, and he felt so much relieved that he got out of bed, stood upright, and put on a clean shirt without any assistance. He was directed to take ten grains of calomel, with an equal quantity of jalap, and afterwards a purgative mixture. At five o'clock his pulse was 65, and there was some stupor, which was relieved by the loss of twenty ounces of blood, when his pulse again rose to 86.

Wednesday morning, nine o'clock.—Was very restless until three o'clock, after which he slept tolerably. Is perfectly sensible; pulse 82; breathing natural; complains of some pain in the head; has not been sick since the operation; no evacuation from the bowels. He was bled, and the calomel and jalap repeated.

Eight o'clock p.m.—Has been freely purged, is hot, restless, and complains of slight pain in the head, but is quite sensible. Pulse 84, hard, and full. He was bled to the extent of twelve ounces, and directed to take saline medicine, with tartarized antimony and nitrate of potash.

Thursday, eight a.m.—Has passed a good night and is quite sensible; pulse 72. He was directed to keep quiet and continue the same medicine; but his pulse being full and jarring, at eight o'clock he was bled to eight ounces. At ten he became hot and very restless, vomited, and was delirious, constantly endeavouring to get out of bed. Ten ounces of blood were drawn, and some purgative medicine given, which quieted him until two o'clock a.m., when all the bad symptoms returned, and were again relieved by a repetition of the bleeding and purgative.

Friday morning, nine o'clock.—He is worse in every respect; appears to be sensible, and puts out his tongue

when desired, but does not speak. Having always been relieved by the loss of blood, thirteen ounces were taken away. The pulse, which was 94 before the bleeding, rose to 120. A stimulating injection was given, which procured two copious stools, but appeared to make him worse; indeed, he seemed as if dying after the second. He continued very restless until eight o'clock, when he took forty drops of tincture of opium; and on visiting him at ten, and again at two in the morning, he was found more quiet, less hot, sensible, and able to answer questions.

Saturday morning, six o'clock.—Continues much in the same state as at the last visit, except that his water has passed twice involuntarily.

At twelve o'clock, he complained of so much pain in the head, and was so hot, thirsty, and restless, that he was bled to eight ounces, which produced faintness, from which however he soon recovered. His pulse quickened very much after the bleeding, and at six o'clock he was in every respect worse; he is sensible but does not speak. Forty drops of tincture of opium were given, and five grains of Dover's powder, every three hours, which had the effect of procuring a good deal of sleep.

From this time he regularly improved, and by pursuing the same plan, with careful attention to his bowels, he perfectly recovered.

This case occurred many years ago, before the attention of surgeons was directed to the effects of loss of blood on the system. It is very evident that the symptoms which alarmed me so much for the safety of my patient were aggravated by my treatment, and that if I had not carried bleeding to such an extent, but had given opium and nourishment more freely at an earlier period, I should have spared my patient much suffering and myself great anxiety. I consider this a case rescued at the eleventh hour, and attribute my patient's recovery entirely to a hint which I received from an old practitioner, who kindly visited him with me in the most critical stage of illness, and remarked, that in his day, Bloomfield always directed Dover's powder in all cases of violent injury of the head, and concussion of the brain. In this case I mistook exhaustion and irritation for inflammation—a common error with young and inexperienced practitioners. This is an important point in practice, requiring the nicest discrimination, on which a hasty or injudicious decision often leads to a fatal result.

CASE V.

I was called in the middle of the night in December, to a young gentleman who had been picked up on the turnpike road, in a complete state of insensibility, bleeding freely from both ears. As he was alone, it was not known how he came there, or how long he had lain in that position, but it was subsequently ascertained that he had been drinking too much and had fallen from his horse. I found him totally insensible and benumbed with cold. As soon as warmth was restored, and immediate danger from the state of collapse was removed, I examined the head with the most minute attention, without being able to detect any external injury. On the following day his pulse had risen considerably, and he became hot and very restless, the insensibility remaining the same. The bleeding from both ears still continued. He was bled

from the arm, cold was applied to the head, and purgative medicine administered. There was no improvement in his state on that or the following day. The hæmorrhage from the ears continued so profuse as to render further general depletion unnecessary, and persisted until the evening of the third day, when it gradually ceased and he became more sensible. Under the use of cold, occasional local bleeding by leeches, Dover's powder, and saline medicine, with perfect quiet, he slowly but completely recovered.

Mr. Abernethy laid it down as an axiom, that hæmorrhage to any considerable degree from the ears was an infallible sign of fracture of the base of the skull, and this case presents an example of the accident which cannot, I imagine, be doubted. Judging from the profuseness of the discharge and its duration, it is reasonable to suppose that the injury was very extensive. It may therefore be considered a rare instance of recovery from an accident so generally fatal.

Ashley Lodge, Torquay,
January 6, 1846.

ON CUTANEOUS DISEASES.

(Concluded from page 760 of last volume.)

I will now conclude these papers with a few observations on—

TREATMENT.

General principles.—All inflammatory diseases of the skin must be treated on antiphlogistic principles. The patient should be kept in a uniform cool temperature, avoiding exposure either to heat or cold, and paying particular attention to cleanliness. All stimuli must be rejected, and low diet enforced; acidulated drinks and saline aperients, with tartarized antimony, are indicated. According to the urgency of the symptoms, bleeding, (general or local,) purging, and mercury, together with alkalies, will be necessary. The local treatment embraces the use of the warm bath and fomentations, tepid sponging, medicated baths, dilute acids, cold water, &c.

If the disease suddenly disappear we must stimulate; or if there be debility, support with tonics, &c.

Particular remedies. Emetics are often serviceable at the commencement. General blood-letting is of great use in active cases, followed up by leeches; or these alone will sometimes suffice. Mercury in its mildest forms may be given in obstinate cases, as hydrargyrum cum creta, blue or Plummer's pill. Colchicum is a valuable remedy in many cases; I generally combine the wine with salts in mixture. Alkalies are very useful and correct the acidity so common in cutaneous affections—as Liquor Potassæ, Sesqui-Carbonate of Soda, or Magnesia, twice or thrice daily. Stimuli are indicated in sudden disappearance of the eruption, as Liquor Ammoniac, twice or thrice daily, and warm or mustard baths, or blisters kept on only for a few hours. Tonics in debility, as iron or quinine; and nutritious diet, as meat, wine, porter, &c.

To relieve *tingling* and *itching* apply a dilute solution of chloride of lime or soda; dilute acids, as vinegar; prussic acid, (dr. j. to oz. viij), sometimes stronger;

fomentations of prussic acid; cold water; the daily use of tepid alkaline, sulphur, or cold sea-water baths; a strong solution of corrosive sublimate; or iodine vapour.

Sulphur Bath.

Sulphuret of Potassium, four ounces to each bath.

MORE IMPORTANT DISEASES.

Prurigo. Creasote ointment applied at night, and lotion several times a-day:—

Ointment.

Creasote, eight to sixteen minims; lard, one ounce.

Lotion.

Creasote, half a drachm; water, eight ounces; with a little acetic acid or spirits of wine to render the creasote soluble.

Scarlatina. Leeches to the throat, followed by a stimulating embrocation.

Gargle.

Tannin, one scruple; Diluted Nitric Acid, thirty minims; Distilled Water, eight ounces.

In malignant scarlatina, quinine and wine; Nitrate of silver, applied both externally and internally. Use the solid nitrate, or a solution containing ten grains to the ounce.

Erysipelas. External application of nitrate of silver; wash with soap and water and wipe dry, then moisten with water, and pass a long stick of nitrate of silver over the inflamed surface and for an inch or two beyond it. This may be repeated two or three times in severe cases.

Herpes. Sprinkle starch, oxide or sulphuret of zinc, over the part; apply sulphate of zinc ointment to the raw parts, or nitrate of silver, (solution or pointed stick,) to the vesicles in old persons. Steam at low temperature, and starch poultices, are very soothing, and answer best in some cases. In chronic cases, alkaline and sulphurous baths, &c.

Scabies. First cleanse well with alkaline or soap baths; then apply the sulpho-alkaline ointment:—Sulphur, 2 parts; Sub-carbonate of Potass, 1 part; Lard, 8 parts. Half an ounce to be used night and morning; or the following lotion:—

Sulphuret of Potassium, four ounces; Sulphuric Acid, half an ounce; Water, a pint and a half; or a strong solution of Chloride of Soda or Lime; or lastly, Iodine or Sulphur Vapours.

Chronic Pemphigus. Soothing measures; tonics with iodide of potassium; puncture and press out the fluid carefully. If there are excoriations, apply starch powder, or use the warm air-bath, (120°.) Nitrate of silver, (two grains to an ounce,) may be used as a wash. Turner's cerate is also useful.

Impetigo and Ecthyma. Emolient and sedative fomentations or other soothing applications.

Lotion for Impetigo.—(Dr. A. T. Thomson.)

R. Acidi Hydrocyanici, dr. iv.; Aquæ Destil., oz. vij.; Alcohol., dr. iv.; Plumbi, Acetatis, gr. xvij. M. Fiat Loto.

Rayer recommends sulphuric or nitric acid largely diluted. In chronic cases sulphurous preparations, warm baths, &c., acidulated drinks. In ecthyma (and rupia) also tonics and generous non-stimulating diet

are indicated. Iodine fumigations; sulphur for secondary ulcers; mercury in syphilitic cases.

Porrigo. Cut the hair, and apply steam at a low temperature at intervals, until the crusts are detached, using an India rubber or silk cap; or use an alkaline water-dressing; then wash with soap, and comb, and apply iodine, (as vapour or saturated spirituous solution,) or some stimulus, as red-precipitate ointment; or the following:—Cocculus Indicus, one drachm; Spermaceti ointment, one ounce. Plummer's pill night and morning till the mouth is gently touched.

Variola. To prevent pitting, emollients, &c.; a very dilute solution of chloride of soda and Carron oil, (applied with a feather,) or the emplastrum hydrargyri cum ammoniaco spread on soft leather, spaces for the eyes, nose, and mouth, being cut out.

Squama. Sooth, and give arsenic internally; decoction of dulcamara a pint in twenty-four hours; acids and alkalis.

Ichthyosis. Pitch internally; alkaline, steam, and sulphur vapour baths.

Lupus. Tonics and sooth; to alter the vitality of the skin, vapour of iodine and sulphur; to destroy the diseased tissue, caustics, as chloride of zinc.

Syphilides. Iodine or mercury, protiodide of mercury and iodide of potassium, sarsaparilla, meze-reon, opium, mineral acids; local steam and alkaline baths, or the vapour of mercury and iodine.

OBSERVATIONS ON THE EXTERNAL USE OF IODINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Mr. Ray's case of hydrocephalus demonstrates the powerful influence which iodine exerts on the absorbent system. It is direct, and immediate. But, we should not forget, that the treatment previous to its application must have rendered the absorbents particularly capable of appreciating its power; and, therefore, while on one hand it may be regarded as a most valuable agent in diseases where effusion has taken place; so on the other, we may be led to believe that its beneficial effects are greatly promoted and hastened by other remedies, which are likewise capable of acting on the absorbent system.

The *modus operandi* of iodine, however, is peculiar to itself: it is directed at once to the absorbent system; nor, do the other divisions of the human body appear to suffer during the production of its primary effects, nor until the glandular system has been universally excited. Not thus is it with mercury and its preparations; the whole system is prostrated as they pass through it, and the disease removed, only at a great expense of vital power, and endurance of physical suffering. The action of the former may be styled a healthy violence, not only compatible with health, but with feelings of increased energy; the latter, of violence, producing inflammation, and fever, incompatible with health, and attended with prostration of the vital powers. Iodine would kill by causing

starvation, (from excess of vigour,) and languid sloughings from its consequence; mercury, by violent inflammation, and rapid phagedenic ulcerations. Similar in the direction of their powers, but dissimilar in their *modus operandi* of effecting the same ends, they are very valuable agents in the treatment of particular diseases. In some, iodine, *per se*, may be preferred to mercury; in others, mercury to iodine; but in my limited experience, I have found that they are more powerful when in combination. They mutually assist each other, their characteristic influences developing themselves as one or the other, is the dominant agent.

Nor does it seem absolutely requisite that iodine should be administered internally, seeing that its characteristic effects can be produced with equal certainty and rapidity when applied to the skin, as in Mr. Ray's striking case of hydrocephalus, and the interesting example of ganglion, brought forward by Dr. Toogood. To these, and in support of the principle which they involve, I am happy to add the following cases from my own practice, wherein the external application of the undiluted tincture of iodine produced speedy and effectual cures:—

Conjoined with the unguentum hydrargyri nitratis in tinea capitis, after the first inflammatory action was subdued.

In ulcerated and sloughing tonsils, both from common and specific inflammation.

Very much diluted in cynanche, after the capsicum and alum gargle had been used; its power was very marked.

In lepra, after the application of nitric acid.

In that disease of the knee-joint, called housemaid's knee, applying the tincture after cupping and blistering seems very efficacious.

In acne, after the application of the lancet.

In hydrocele, (now under treatment,) the water is being absorbed very rapidly from painting the scrotum with the tincture, and taking five grains of blue pill twice a day.

My last instance is one which will startle your professional readers, for it is a case of polypus of the nose that has very nearly disappeared under the external use of the tincture. I discovered that the disease existed about a year since; an operation was advised, the tumour being moveable, and very low in the left nostril; the patient being timid, refused. I then commenced applying iodine, and at this moment no visible traces of the polypus remain; although from the passage offering obstruction to free nasal respiration; its roots are not destroyed.

I will here conclude the subject, with the hope that other of our members will bring forward the results of their experience, in the administration and application of this interesting remedial agent.

I have the honour to be, Sir,

Your obedient Servant,

CONWAY T. EDWARDS.

Bath Easton, Bath, January 7, 1846.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF PARALYSIS OF THE PORTIO-DURA NERVE.

(Reported by Mr. JOHN ELLIOTT WOOD.)

James Sherring, aged 20, single, admitted June 13th, 1845, under the care of Dr. A. T. Thompson. He is of moderate stature and conformation, light complexion, and nervo-sanguine temperament. His habits have always been regular, and he has taken very little stimulating liquor. He has had plenty of food and clothing, and a fair time allowed for sleep. By trade he is a painter, and he has followed this occupation for six years without interruption. He has lived in London for twelve years, in an open and airy situation. His father died of phthisis at the age of twenty-two; his mother is still living, and has always enjoyed good health. His own state of health has always been good, but he is now much thinner than formerly, though by no means emaciated. His state of mind is cheerful. The present attack commenced five days ago, (June 8th;) previous to this, however, he had a slight cold in his head, with ringing in the ears, and pulsation in the temples. On the morning of the 8th June, on getting up, he found that there was paralysis of the right side of the face; he could not articulate clearly, nor close the eye on the affected side. This state continued till his admission into the Hospital on June 13th.

The following description will convey an accurate idea of the patient's appearance at this time. "When the portio dura is affected, the general sensibility remains intact, while the muscles of the face to which its branches are distributed are paralysed. The aspect of the face differs according as the muscles are in a state of repose or activity. In the former case all expression is lost in the paralysed part; the two sides of the face are not symmetrical, and when viewed by themselves apparently belong to different individuals. The features generally are dragged to the sound side; the labial commissure of the paralysed part is drawn rather downwards, and is brought nearer the median line; the mouth is oblique, and its centre does not correspond to the axis of the body. The paralysed half of the face is a little more prominent than the sound one, which is wrinkled, contracted, and concealed behind the other when viewed in profile. The paralysed part appears broader than the sound one, while the eyelids are opened wide, and the eye appears more voluminous than its fellow. When on the other hand the individual speaks, laughs, cries, sneezes, or coughs, the deformity of the countenance is much increased, the mouth and features remaining perfectly motionless on the paralysed side, while on the other they appear thrown into inordinate action. Mastication, however, is readily performed, and the patient can hold solid bodies between the teeth."*

Sensibility did not seem to be at all impaired on the affected side; the temperature was the same on both sides; there was no headache, nor tinnitus aurium; the appetite was good, the bowels regular, and every function appeared to be naturally performed. No tumour, nor enlarged gland, could be discovered in the

* Library of Medicine—Art, Paralysis.

neighbourhood of the parotid; the patient was not, at this time, suffering from catarrh; there was no tenderness on pressure in the course of the nerve, but the hearing was decidedly impaired on the paralysed side. The pupils were equally dilated. He had never had the painter's colic, nor any severe illness whatever. Previous to his admission he had been bled in the arm.

June 14th. A blister to be applied under the right ear, and the surface to be dressed with a sixth of a grain of strychnia night and morning. Five grains of mercury with chalk to be taken every eight hours.

17th. He can hear a little better, and open the mouth with greater ease. The strychnia has not produced any twitchings. To be increased to a fifth of a grain.

19th. Increase the strychnia to a quarter of a grain night and morning.

21st. There is no improvement; he cannot close the eye any better, though one of the patients states that during sleep it is closed naturally; the blistered surface is sore to the touch, though the strychnia has produced no effect. Cupping under the right ear to twelve ounces.

24th. He thought himself a little better after the cupping; but the improvement, if any, is very slight.

26th. Cupping to eight ounces from the same place. The gums are affected by the mercury.

28th. A grain of strychnia to be applied to the blistered surface night and morning. It was ascertained, by testing with nitric acid, that the alkaloid was perfectly pure, and contained no brucia.

July 1st. There has been no twitching whatever, though the application of the strychnia causes pain and smarting. There is no amelioration. He feels weak, but in other respects perfectly well; there are no head symptoms; the appetite is good, and the bowels regular.

In this state he remained till July 22nd, when galvanism was applied along the course of the nerve. The mercury, which had produced slight salivation, had been omitted, and full diet with a tonic administered. After the use of galvanism daily for some days, he began to show decided symptoms of amelioration, and on the 26th he could close the eye considerably better, and the expression of the face had decidedly improved. Articulation was more distinct, and he felt better in health and spirits. Galvanism was persevered in till his discharge, on August 16th, and though the good effects of the remedy were not so particularly striking afterwards as they were on its first application, yet sufficient improvement took place to show its beneficial influence very unequivocally. When discharged, he could very nearly close the right eye, and his countenance had lost that hideous expression which it had on his admission, though it was by no means symmetrical. A little deafness was still remaining.

The causes of the paralysis in this case could never be clearly ascertained. The deafness would have led one to suspect disease of the nerve before its exit from the cranium; but the sudden invasion of the disease, and the total absence of all symptoms referrible to the brain, would negative this supposition. There were no symptoms indicating the presence of lead in the system, a cause assigned by some authors as producing this affection; nor could any mechanical cause, as the

pressure of a tumour, or of a spiculum of bone, be discovered after the most careful examination.

A remarkable circumstance in the case, is the total failure of the powerful agent strychnia in producing its ordinary effects, though the general sensibility of the part did not appear to be impaired. The very large quantity of a grain and a quarter applied to the blistered surface night and morning produced no inconvenience. Dr. J. L. Bardale, of Manchester, strongly recommends the employment of strychnia in facial paralysis, and enumerates twenty-three cases in which it was beneficial. He has also seen galvanism advantageously employed. It is more than probable that the disease would increase in severity after the patient's dismissal from the Hospital.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 21, 1846.

In the Journal of last week were some remarks by a correspondent on the employment of incompetent persons in the dispensing of medicines. We have recently had an instance of the mischiefs resulting from such a practice, through a mistake, in the reading of a prescription, which no person competent to dispense could have made. The consequences have been, the loss of a valuable life; the attaching of undeserved censure to one of the surgeons of the institution at which the mistake occurred; the dragging of this gentleman, and another meritorious medical officer before a public tribunal, in a most improper manner, and subjecting them to treatment, as harsh as it was uncalled for; and, lastly, the bringing of the institution itself into discredit and disrepute.

These are mischiefs which the provision of a sufficient amount of competent assistance would have avoided; for nothing tends more to injure the efficiency of any institution, of whatever description, than accumulating on one individual the duties of others. If the apothecary of an Infirmary or Dispensary is to be called upon to prescribe in the absence of the authorized medical officer, physician, or surgeon, as it may be, his place in the dispensing department of the institution for the time being must be otherwise filled up. It becomes the duty therefore of the Board of Management to see that the assistant who is to take his place be properly qualified,—a person who has had a sufficient experience in the compounding of medicines, who knows at least their names and general properties, and who has a competent knowledge of the language and terms in which prescriptions are written.

Now, no mere porter, however useful such an underling may be in waiting upon the dispenser,

can be fitted to undertake the office. If he be sharp and quick, he may probably, in such a situation, qualify himself, as our correspondent suggests, by the smattering of knowledge, which he acquires for undertaking, in a similarly effective manner, the prescribing department also. From thus being the agent of a chance-medley in the service of a public institution, in blundering out the meaning of a prescription, he may be promoted to the deeper responsibility of committing a manslaughter or two, as a prescriber, on his own private and peculiar account of the drugs he had formerly ventured, in equally happy ignorance of their qualities, to compound. But with whom does the responsibility of such accumulated mischief rest. Surely in part at least with those who have placed the man in the situation, for which he never was, and never could have been fitted.

Let then the governors of medical institutions see to the efficiency of their officers,—that each one is well fitted for the performing of the duties assigned to him, and that such duties are properly distributed.

It is of little avail that physicians and surgeons of high repute for knowledge and skill be appointed, if their endeavours are liable to be frustrated by inadequate or defective provisions in the dispensing department. This is least of all the place for the exercise of a miserable economy; on the contrary, if a medical institution is to be efficient, as such, nothing should be wanting to keep this department in a state of orderly arrangement, and to place it under the management of a competent principal, with such assistants as the circumstances of the case may call for.

Practical Notes on Insanity. By JOHN BURDETT STEWARD, M.D., Fellow of the Royal College of Physicians, &c. London. 1845.

The author of these "Practical Notes" was for some years physician to the Droitwich Lunatic Asylum, long known as one of the best conducted private establishments for the reception of the insane, in the kingdom. The observations which are thus thrown together under various heads, are brief and judicious. In the outset we find Dr. Steward advocating enlightened views in regard to the responsibility and qualifications of those to whom the general management of the insane is confided, and forcibly deprecating the enormous evil of delivering over such an important charge to incompetent persons. "The long neglected, but self-evident fact, must be established, that a perfect knowledge of medicine is necessary for those entrusted with the care of the insane, and that no one, under any circumstances, ought to be allowed to take charge of them, who cannot show such medical

qualification, and such a degree of experience in the treatment of the disease, as would be considered sufficient to justify practice in any other branch of medical science."

The time is, however, fast receding, in which the lunatic is to be treated as a criminal, and his dwelling-place constructed as a prison, simply with a view to his secure confinement, rather than to his immediate personal comfort and safety, and ultimate restoration to health; and we trust that at no distant date the institutions intended for the reception of the sick in mind, will be regarded both by the patients and their friends as hospitals and houses of refuge, rather than as places of confinement and restraint.

One great evil attending the view which has been impressed on the public mind in regard to Lunatic Asylums, by the wretched system formerly pursued, and even in some measure still kept up in ill-conducted establishments, is the unwillingness to enter them thereby induced in a class of patients whose cases peculiarly require early treatment. We doubt whether the restrictions placed by law on the reception of the insane into these hospitals, and the responsibilities thrown upon the medical attendants called upon to certify, however requisite under existing circumstances, may not tend both to keep up this impression, and at the same time directly to interfere with the restoration to health of those affected with derangement of mind.

The author has some judicious remarks on the difficult situation of the medical man, in certain cases of this description, where the insanity is not easily detected, or if detected, is not readily made apparent to the public. "Should he," it is observed, "from fear of public opinion, or from want of confidence in his own judgment, pronounce the individual sane, and any subsequent act of violence ensue,—assisted by the event, all become clear-sighted, all perceive at once the impropriety of the person being at large,—all, in short, join in condemning the medical man. If, on the other hand, a doubtful case become the subject of legal inquiry, and the opinion, previously given and still entertained, be dissented from by the jury, and a verdict given accordingly, unworthy motives are immediately attributed to all concerned; and every invective employed, which such motives would deserve."

The following observation with which the author prefaces his "notes" on the treatment, ought to be deeply impressed on all who are in any way connected and concerned with persons of unsound mind:—"Insanity, generally speaking, in its early stages, is a curable disease;—the first period of its approach is the time when treatment is most effective,—and the want of proper management at this critical moment, and, as is too often the case, the total absence of medical treatment, constitute the true cause of that great proportion of incurable cases, which has made insanity the opprobrium of medicine."

Who would dream of allowing inflammation, or other disorganizing process, to run its course unchecked, for the first few days or weeks of attack, in any of the organs or tissues of the human frame; and yet this, the most calamitous if not the most fatal of the diseases to which suffering humanity is exposed, is not to be interfered with in its early and curable stage from the dread of infringement on personal liberty. Sedulously would we guard this most invaluable and important privilege by every means in the power of legislation to devise; but when the precautions taken to protect the personal liberty of the doubtfully insane have a direct tendency to subject a large proportion of their number to hopeless confinement for the remainder of their days, then we cannot but see that legislation has failed in its object, and only inflicted and perpetuated the very evil which it was intended to prevent.

Those who consult this little work will find many valuable reflections interspersed throughout its pages in reference to the treatment and moral management of the insane. We are unable to follow the author further, but we cannot conclude without expressing an entire approval of the spirit in which his remarks are written, and recommending his book to the attention of our readers.

COMMITTEE OF THE SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Fearing to trespass on your well conducted Journal, the insertion of a few remarks, having reference to Mr. Kelson's letter of the 14th instant, if not considered obtrusive, will suffice.

If I mistake not, Mr. Kelson appears to consider Medical Reform and the *unjust* conduct of the Council of the College of Surgeons, (to which the report mentioned, when noticing this subject, had almost exclusive reference,) as convertible terms. If so, then I, as an humble member of the Committee, whose conduct has been arraigned, willingly bear my part of the "onus" of its report—more willingly, as I can assert with truth, that a more judicious, concise, yet forcible *allusion* to the *unprecedented* conduct of the Council of the College of Surgeons, than in this official declaration, I have not met with. If they are not, (as I humbly opine,) then I beg to re-assert "that the subject was distinctly referred to the Members generally of the Branch Association."

My remarks on Medical Reform had reference to the specific resolutions subsequently proposed, and, as the Journal referred to by Mr. Kelson states, "not unanimously agreed to."

If I mistake not much, the highly respected gentleman with whom the resolutions originated, merely

wished to submit them to the meeting in his individual capacity alone.

How far this explanation will exonerate me from the charge of being absurdly inconsistent, I must leave your readers and Mr. Kelson to decide. With respect to his subsequent notice of my remarks, Mr. Kelson's all-but *unique* opinions on medical polity, will, I fear, prevent the existence between us of that happy unanimity, so desirable in every *voluntary* association.

Wishing Mr. Kelson every possible alleviation in his multifarious occupations,

I am, Sir,

Obediently yours,

ROBERT H. POWELL.

Tunbridge Wells, January 14, 1846.

REMARKS ON AN OPERATION FOR THE REMOVAL OF FUNGOID TUMOUR OF THE LOWER JAW.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In the last number of your Journal, a case is reported of removal of a fungoid tumour of the lower jaw at the Newcastle Infirmary, and I cannot help dissenting from the conclusion of the reporter, viz., "that the operation was perfectly justifiable."

Operations for the removal of malignant disease are unsatisfactory enough, even when the affected parts can be distinctly and entirely removed, but when a fungoid tumour is "adherent to the jaw," and "the structures below it," I believe there is no sufficient probability of good result to warrant the undertaking of such a "fearful and hazardous operation" as was performed in the instance before us, especially as there was "a languid debilitated look, and pale, sallow complexion," indicating general contamination of the system. Had the operator persevered in extirpating the whole of the diseased parts, the man would probably have died upon the table; as it is, I should feel surprised to hear of his being alive six months hence, for so far as my own observation extends, life is seldom much prolonged by the removal of malignant, (especially fungoid,) disease in its advanced stages. In many instances a temporary check is given to the morbid growth, (probably by the loss of blood from the operation,) but the re-action which ensues, increases the fatal rapidity with which the disease passes through its latter stages. I make these observations, not in the spirit of captious criticism, but with the view of asserting as a principle in the science of surgery,—that no operation attended with risk of life should be attempted, unless there are reasonable grounds whereon to found an expectation of great and decided benefit, and I am persuaded, that the opinion of our greatest surgical authorities would have been strongly against an operation in the case reported by Mr. Gibb.

I remain, Sir,

Yours respectfully,

HENRY CRAWFORD.

Canterbury, January 8, 1846.

PARTIAL AMAUROSIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I shall be obliged by some of your correspondents favouring me with their opinion of the following case.

Mrs. F—, a lady of delicate health and spare habit, now in the fifth month of pregnancy, found one morning about two months ago on getting up, that the sight of the right eye had partially failed: there was no pain nor inflammation, and no giddiness. Morning sickness was very slight; bowels were rather costive; but in other respects her health and spirits have been tolerably good.

This affection has continued ever since without any material change. Both eyes are equally healthy in appearance, and the sight of the left is perfect, but when the left eye is shut, an oblique dark line passes before the right eye from above downwards, and from right to left, through which even the bright flame of the lamp or candle is completely invisible; this line appears about an inch broad when looking at an object half a yard distant. At any other part of the field of vision, the sight of this eye is perfect. She has been for a short time troubled with muscæ volitantes in this eye during a former pregnancy.

What prognosis should be given? Will any, and what treatment, be serviceable?

I remain, Sir,

Yours much obliged,

FREDERICK COLLIER.

Shipston-on-Stour, December 31, 1845.

CHESTER INFIRMARY.

At a weekly meeting of the Board for the management of this Institution, held on Tuesday, January 13th, the following letter was received from Dr. Thackeray:—

To the Governors of the Chester Infirmary.

"GENTLEMEN,—My residence in this city and neighbourhood as a professional man from the year 1792, and my immediate connection with your valuable charity—the Infirmary—from almost the same date, will not make it a cause of surprise, if my grateful recollection of all the proofs of confidence and kindness that I have received throughout that whole period, I should desire to testify my feelings on such a subject, by an act, that may have for its object the encouragement of medical science, the facility for which is daily increasing, by the establishment of Medical Associations, and the free publication of all treatises, that have obtained the sanction of the most able and experienced members of our profession.

"I hope I am taking a step in the right line, when I transmit to your Treasurer an order for 100 guineas, the interest of which I recommend to be employed in the purchase of works annually, that shall have been published and approved of by the most able and distinguished members of our profession, medical and surgical.

"I should expect that a sum to be expended annually in books connected with medicine might stimulate to inquiry all the members of our profession, if such books be well selected, and placed within reach throughout the whole county—and I know not a place

so well calculated to secure this convenience, as the Infirmary. A point of union may easily be established there for *all* professional members, and it would I think only remain for them to assemble, and to make such laws for the protection and security of the works in the Chester Infirmary Library as might be deemed best, when the foundation would be laid, for that which I believe would prove a valuable beginning for instruction, or progression in medical science, which by increasing the knowledge of those who study, would benefit all those, who in sickness, and under accident, (not only within the walls of our Infirmary, but in the highest places around,) have occasion to seek for assistance under their bodily sufferings and distress.

"Under the conviction that these things are so, I beg in grateful recollection of all the confidence and kindness I have received for more than half a century in this city and neighbourhood, to ask of you to accept my contribution to an object, of which I think so sincerely, as regards the comfort and relief under bodily pains and sufferings.

"I have the honour to be,

Faithfully, yours,

W. M. THACKERAY.

"Chester, Jan., 1846."

It will be remembered that Dr. Thackeray some time since, presented the whole of his valuable medical library to this Institution. In thus following up his liberality he offers a bright example worthy of being followed by all those who are desirous of advancing the progress of their profession, and promoting the future interests of its members.

MEDICAL INTELLIGENCE.

The title of Baron has been conferred on Professor Liebig, of Giessen, by the Grand Duke of Hesse Darmstadt.

A splendid testimonial, consisting of a massive candelabrum, three feet three inches in height, weighing four hundred and fifty ounces, and valued at three hundred and thirty guineas, has been presented to Dr. Alderson, of Hull, by his fellow-townsmen. The presentation took place at a public breakfast, which was given on the occasion, and the meeting was numerously attended.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, January 8th:—Nicholas H. Littleton, Saltash; Alfred Lacy, Moxley, Derbyshire; Allen Pering Schuyler, Plymouth.

OBITUARY.

Died, January 3rd, at Weymouth, Paul Slade Knight, Esq., M.D.

January 13th, aged 68, David Rowlands, Esq., M.D., F.A.S., Inspector of her Majesty's Fleets and Hospitals.

TO CORRESPONDENTS.

Communications have been received from H.; W. A. G.; Mr. C. J. Gibb.

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WEDNESDAY, JANUARY 21, 1846.

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1846.
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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

BY GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of
Ireland.

(Continued from page 24.)

II. *What are the Essential Symptoms?*—This question has been already answered in detail, but for the sake of precision, we may enumerate the following symptoms of well-marked congestion of some or all of the great splanchnic cavities:—

- (a.) Invasion of rigor, or shiverings.
- (b.) Feeble, small, compressible pulse.
- (c.) Reduced temperature of body, especially of the skin.
- (d.) Muscular prostration.
- (e.) Mental anxiety, lassitude, or annihilation of cerebral energy.
- (f.) Diminished sensibility, progressing on to more or less simple re-action in the fibrils of the cutaneous nerves, accompanied with muscular pains in the head, especially the occiput, neck, shoulder, arms, and less commonly, also, the lower limbs.

This state of the febrile movement evidently belongs to that type which, in Dr. Armstrong's nomenclature, is denominated very characteristically, "the mild congestive form."

Where, as in some instances, the morbid impression has been so profound, and the vital force of the system so feeble, as to preclude the possibility of the occurrence of re-action, then the attack, which may be termed a fatal concussion of the nervous and circulating powers, is manifestly the kind termed in the same nomenclature, "extreme congestive fever."

III. *Is this Fever distinguishable from Common Continued and from Typhus Fever? and if so, by what set of contra-distinct Symptoms?*—It has proved no easy task to make out, with accuracy, generally prevalent characters, which might satisfactorily mark the distinction. Whilst this is a general fact, yet it has occurred to me, and to others, to remark, in several cases, a variety, or specific difference, which has not failed to verify itself to the attentive observer, rather in the shape of modifying characters impressed on the several stages of the phenomena, taking the whole range from invasion to termination, and where it might have been difficult to distinguish symptoms of the fever; yet no one could doubt the fact of the general type of this disorder, being, if not essentially, yet remarkably, different from either of these other

familiar types. The statistical summary will further bear witness to this variation, although it may not indicate all the particulars.

IV. *What Modifications or Forms are found under the Generic Type?*—This question may be categorically answered by the assertion—according to my own experience, and that of one or two other practitioners whose experience abroad renders them fit observers—that the modifications of intermission and of remission were present, although, perhaps, not common. It seemed to us, that periodicity of attack was most observable in the persons of young children, and the accuracy of the observation is the more likely to be well founded, as several children passed under my notice when giving attendance at the out-door department of the Lying-in-Hospital and Dispensary for Diseases of Women and Children. The brief statistics of these cases will come in better after the general statistics of our subject.*

Before leaving this query, I may observe that the answer to it also forms an additional answer in reference to one particular of the preceding question. The fever may have presented to different observers very various or different phases, so as, at first sight, to seem to imply some discrepancy which might discredit the accuracy or tact of those who are found reporting exceptions to the general rule. It is scarcely necessary for me to remark, that this judgment would instance, in all probability, a false and ignorant criticism, because fever has been found to vary in character considerably, both at successive stages and in different localities, so as to present a mutability of type, especially in a large town.†

* If it be not superfluous, I might refer to authorities in support of these views, although the number of instances may not have been striking:—"Some writers, and more particularly Hildenbrand, consider that, as in remittents, wherein a new invasion supervenes before the previous paroxysm had subsided, so in continued fevers, one fit runs into another." "Continæ ergo febres, si non omnes, saltem pleræque præsertim criticæ plurimis paroxysmis febrilibus, quorum unus alterum subintrat composite sunt."—*Copland's Dictionary of Practical Medicine*; Article Fever, p. 896.

† The term "subintrant" is thus described further on by him:—"When the fits of a quotidian, or of a double tertian, or of a triple tertian, approach each other so closely that the one is hardly finished before the next commences, the fever has been called 'sub-intrans,' or 'sub-intrant,' and differs but little from a remittent type, excepting that the cold and sweating stages may be somewhat more marked in the former."—*Ibid*, p. 936.

‡ "Hence we cannot be surprised to find fever mutable in many of its characteristic phenomena, to observe one species or variety closely approximate others, and even to

I have already remarked, in the general sketch, that epigastric tenderness was noted; and this was the initiative localization of the morbid influence. With such, or any other, first link in the chain of complicated derangement, it will be expected that the usual series should follow in the natural order of sequence, or as concomitant disturbances; and such was the fact. Weakness of organs, or symmetrical organism, idiosyncrasy, or hereditary predisposition, would, in some instances, determine the focus of the disturbed nutrition, or other lesion of natural function. The amount of correspondence to ordinary complications in this disorder, or the range of difference, will be given in a more digested form hereafter.

ANALYSIS OF ONE HUNDRED AND SIXTY-NINE CASES OF FEVER,

Admitted into the Fever Wards, from September 1st, to December 31st, under the care of Dr. Dickinson and Dr. Gouthwaite.

	Dr. Dickinson.	Dr. Gouthwaite.
Essential or simple form	69	10
Complicated ditto	55	35
Total	124	45=169

DR. DICKINSON'S CASES.

SEX			
Males, 59	.....	Females, 65	Total. 124
AGE.			
	Females.	Males.	Total.
Up to 10 Yrs. inclusive	8	2	10
From 10 to 20	20	18	38
20 to 30	24	21	45
30 to 40	9	10	19
40 to 60	2	6	8
At 62	0	1	1
Undetermined	2	1	3
	65	59	124

DURATION.

One week	18	Six weeks	7
Two weeks	29	Seven weeks	1
Three weeks	34	Eight weeks	1
Four weeks	16	Nine weeks	1
Five weeks	16	Ten weeks	1

Recovered, 117;—Died, 7; or 5.6 per cent.

STATE OF PULSE.

Maximum	70	5
Ditto	80	12
Ditto	95	30
Ditto	110	53
Ditto	130	3
Ditto	160	1
Not recorded		20
Maximum mean	average of 104 cases 101.3	
Minimum mean	average of 7 cases . 88.5	

meet with instances of one type, or form, suddenly or unexpectedly changing into another, in some period of its progress. Thus it is not unusual to see a simple tertian change to a quotidian or double tertian, or an intermittent pass into a remittent, or this latter into a continued form. Occasionally, the disease alters from mild to severe, or from nervous

STATE OF THE SKIN.

Hot	4
Maculated	6
Petechial	2
Moist	3
Hot and moist.	6
Hot and dry*	50
Unobserved	53

(*1 Yellowish)

STATE OF TONGUE.

Creamy	17
Yellowish or white fur	25
Florid edge and tip	6
Glazed centre	5
Furred and dry	40
Glazed red	1
Brown fur	8
Black fur	5
Unnoticed	17

SINGLE COMPLICATIONS.

NERVOUS SYSTEM.

Low delirium	8
Furious delirium	1
Nervous excitability	2
Coma	1
Dilated pupil	2
Hiccup (for days)	1
Anxious face	1

(Watchfulness general.)

RESPIRATORY SYSTEM.

Bronchitis	7
Sore-throat	2
Pneumonia (left lung)	1
Pneumonia (right lung)	3
Laryngitis	1

DIGESTIVE SYSTEM.

Abdominal tenderness	34
Diarrhoea*	4
Typanitis	3

(* With black stools in three cases.)

CIRCULATING SYSTEM.

Phlebitis (of the saphenic vein in five cases.) 6

DOUBLE AND TRIPLE COMPLICATIONS.

Respiratory and digestive	2
Digestive and nervous (1 true typhus)	6
Ditto and skin (scarlatinous)	1
Ditto, respiratory and nervous	4
Nervous and generative (menorrhagia)	1

(Relapses 5:—on the 14th day, 1; on the 16th day, 1; lasted 7 days, 1; on the 16th day, erysipelas, which lasted 20 days, 1.)

DR. GOUTHWAITE'S CASES.

SEX.		
Male, 1	.....	Females, 44 Total. .. 45
AGE.		
Up to 10 Years inclusive		2
From 10 to 20		18
20 to 30		16
30 to 40		4
At 45		1
Unascertained		4

to malignant. It sometimes is simple through a great part of its course, without any one organ suffering a predominating disturbance, and yet it suddenly becomes very dangerously complicated, and thereby assumes very different features."—*Copland's Dictionary of Practical Medicine*, p. 897.

DURATION.

One week	6	Five weeks	2
Two weeks	16	Six weeks	1
Three weeks	12	Undetermined	3
Four weeks	5		

RESULT.

Recovered, 37;—Died 8; or 17.75 per cent.

STATE OF PULSE.

Maximum in 41 cases, from 80 to 150; in 23 cases, pulse at 120; mean pulse in 41 cases was 114.75. In one instance out of 45, pulse too rapid; in another, too small and weak, to be counted.

STATE OF SKIN.

Hot and dry (very hot, 1; red, 1; yellow, 2)	26
Hot and moist	2
Cool and moist	2
Cool	7
Moist	2
Unnoticed	6

(1 with mealy eruption.)

STATE OF TONGUE.

Furred, red edges	8
Ditto, dry	9
Ditto, dry and white	2
Ditto, dry and brown	3
Ditto and moist	9
Furred	6
Moist	1
Clean and dry	1
With sordes	2
Unnoticed (in particular)	4
	45

SINGLE COMPLICATIONS.

NERVOUS SYSTEM.

Low delirium	8
Stupor	1
Subsultus	1
Perrigilium	1
Dilated pupil	2
Skin, highly sensitive	1

RESPIRATORY SYSTEM.

Sore-throat	5
Cough, (with expectoration, 2; rhonchus, 1;)	5
Pneumonia (double)	1

DIGESTIVE SYSTEM.

Vomiting	2
Abdominal tenderness	19
Black stools	2
Inordinate digestion	1
Constipation	1

DOUBLE COMPLICATIONS.

Respiratory and Digestive (double Pneumonia in one case)	2
Ditto and Nervous	1
Digestive and Nervous (dilated pupil; tender epigastrium in one case)	7
Digestive, Nervous, and Respiratory	1
Nervous and Skin—(mealy eruption)	1
—— (erysipelatous eruption)	1

Relapsed 2:—on the 14th day, 1; on the 19th day, 1, which proved fatal from erysipelas.

LIVERPOOL LYING-IN HOSPITAL AND DISPENSARY
FOR DISEASES OF WOMEN AND CHILDREN.

Table of Cases.

From September 10th, to December 6th, 1844.

SEX.		Total.	
Females, 24	Males, 15	39	
<i>Date of Application at Dispensary</i>	<i>No. of Cases.</i>	<i>Date of Application at Dispensary.</i>	<i>No. of Cases.</i>
Sept. 10	1	Nov. 1	2
" 27	2	" 4	1
" 29	1	" 6	1
Oct. 2	1	" 12	1
" 3	1	" 14	1
" 5	1	" 15	2
" 6	1	" 17	1
" 7	1	" 19	3
" 8	1	" 22	2
" 9	1	" 27	3
" 11	1	" 29	2
" 13	1	" 30	1
" 25	1	Dec. 3	1
" 26	1	" 4	1
" 27	1	" 6	1

AGES OF FEMALES.

9 months	1
1 year, 3 months	2
1 year, 6 months	3
2 years	2
2 years, 6 months	1
3 years	2
3 years, 6 months	1
4 years	3
4 years, 6 months	2
5 years	1
6 years	1
7 years	1
13 years	2
22 years	2

Total number of Males . . . 15
—39

The highest age of Males was 8 years.

In the corresponding period for 1843, (September to January,) only seven cases of fever were reported in our books, and in one of these the patient was fifty-six years of age, and of course a female. I do not mean to assume that every case was due to the epidemic, because a certain amount of infantile remittent is always prevailing; but the question is, in my mind, far from uninteresting, as to how far it is likely the continued form of epidemic fever in adults may be apt to convert its type into the intermittent or remittent form in childhood. I throw out this remark as a suggestion, with all deference to the larger experience of others; yet I think, that the instances which passed under our review exhibited more of the intermittent form, in proportion to their years, than was observed among adults. We even denominated it the epidemic intermittent or remittent, or take it that we could possibly have been so far in error as to have mistaken the well-known remittent form of childhood's fever, there was an unusual amount of it present, compared with the corresponding periods before and after, and this amounts to pretty much the same thing.

(To be continued.)

THOUGHTS ON THE STRUCTURE AND FUNCTIONS OF THE NERVOUS SYSTEM; AND ON THEIR RELATIONS TO THE PHENOMENA OF THE SOUL.

By AN INQUIRER.

"When a definitive explanation of phenomena is yet impossible, an hypothesis which is not opposed to the facts, but accords with them, and opens a new field for further research, is properly admissible, even in an exact science founded on facts."—*Dr. J. Müller.*

The following abstract of propositions contains, as the writer believes, such an hypothesis, and may serve to awaken reflection and doubt on some modern doctrines in neurology; and by showing the wants of the science, it may direct the course of future inquiry.

I. A tube and a cell connected with it constitute a simple, ultimate, elementary apparatus, which is the seat of a distinct and independent nervous action; which action is connected, either as an antecedent or consequent, with all the psychic phenomena—namely, those of sensation and voluntary motion, and the super-sensuous phenomena, denominated mental, or the "internal affections of the mind,—the intellectual states and emotions." The apparatus for sensation, the tube-cell, I shall name the *sensorium*; that for voluntary motor action, the *motorium*; that for the mental phenomena, the *mentorium*.

II. The cell—the cineritious vesicle—is the terminus of the action in sensation, and it is the origin of it in the case of voluntary muscular motion; and it may be assumed to bear a similar relation to the two analogous orders of phenomena, the mental actions and affections of the soul. In the natural excitation of the nervous function, sensorial action begins in the tube; but nervous action confined to the tube produces no sensation. Whether sensorial action ever begins in the cell, is a problem. Motorial action begins in the cell, and terminates at the extreme part of the tube which adjoins the muscular fibre; an action confined to the cell produces no muscular movement; in preternatural excitation of the motorium the action may begin in the tube.

III. The general nervous system connected with the animal functions,—those of irritability, sensibility, voluntary movement, and mind, appears to consist of two distinct systems,—the *psychic* and the *apsychic*. These systems in their tubular parts or nerves are co-extensive; but in their cell parts they are not so; the psychic cells being situate only within the head, the apsyche partly in the head, and partly within the spinal canal. The apsyche cells in the head are contiguous with those portions of the psychic cells devoted to the manifestation of sensation and motor volition; but not with that part of the psychic nervous system devoted to the manifestation of the super-sensuous or mental phenomena of the soul.

IV. The physiology of the nervous system is to be founded on its *elementary* and *composite* anatomy, viewed in connection with the phenomena of living animals; i. e., on ascertaining the distinctness of the parts in which distinct phenomena are exhibited, and the connections of the parts whose actions are seen to be associated, beginning with the more known parts and phenomena, i. e., *sensoria* and *motoria*; and

advancing to the less known, the *mentoria*. The physiological anatomist attempts, therefore, to ascertain with his natural senses, his knife, and his microscope, the relation of certain sensory nerves to certain cells in the encephalon, and of motory nerves to their encephalic cells, or agglomeration of cells into a distinct ganglion; and to observe the connection of those two orders of cells or ganglia, whose functions are known to be connected. He will thus be able to demonstrate what parts in the encephalon compose the psychic *corporium*, whose functions have a direct relation to corporeal objects; and what parts compose the *mentorium*, whose functions are not those of body—sensation and movement. In pursuing this method of investigation, he will see what a vast field remains to be explored, how many facts exist whose true value has not been shown; and he will be rewarded by opening a new mine of materials which he may hope "to reduce into form, and construct into a fabric at once useful and beautiful."

V. The true physiology of the nervous system requires the recognition of the distinct existence and action of a spiritual super-corporeal independent being, named by elder psychologists the soul, and by more recent writers the mind; a sentient, thinking, power-exerting being, which is the *patient* of certain nervous actions, and the *agent* of others, the excitee and the excitor of its own nervous system; a being who in the human species possesses attributes which distinguish it from the souls of all other animals, attributes not derived from the body-organisation, and which properties constitute it the natural finite image of the divine and infinite Spirit.

The elementary powers of this spiritual being may be referred in a physiological view to those of *sensation* and *volition*, to each of which may be referred two orders of phenomena,—corporeal sensation, and super-corporeal or mental; muscular movements, and mental-faculty movements.

The true nature and extent of the relation of these psychic powers and phenomena to nervous action, has not yet been shown by the antagonistic materialists and spiritualists, the phrenologists and the metaphysicians, who have each taken extreme views on the subject.

The nervous organism is formed to connect the soul with external nature, i. e., with bodies external to the organism,—the muscular system, and the natural objects of sense. The soul has no immediate knowledge of external nature; corporeal objects excite nervous action, and this action affects the soul. The soul also does not act immediately on the muscles; it acts on the nervous organism, which I have named the motorium, and the action of this apparatus produces a change of state in the voluntary muscles.

There is no manifestation of the soul to animal beings apart from a nervous system; all the psychic *phenomena* are connected with nervous action. Certain affections of the soul depend for their very existence in the soul's consciousness, on antecedent nervous action; other psychic states, properly operations of the soul, not *immediately* manifested either to the individual's consciousness, or to other animals, do *not* depend on antecedent nervous action; they are actions of the "*pure intellect*," whose operative power requires no nervous organ, although the materials on which it

works, sensuous and memorial ideas, are all consequent on organic action. The objects of our consciousness, our feelings, and ideas,—sensuous and abstract ideas,—these phenomena require nervous organs. Of *volition* we are not conscious, but we are conscious of the *movements* excited by the soul's action in volition. This, as to its *origin*, has no organ; the soul acts on the mentorium, and ideas rise before the mental eye; the soul, by her intellectual faculty, compares, judges of, perceives the relation of the ideas. This faculty of judgment owes not its origin to any organ; it is a pure endowment of the spiritual essence.

VI. The nervous energy is analogous to an imponderable fluid, the evolution of whose action is equivalent to the undulation of an oil-like nervous fluid, not a current, but a *wave-like* motion, i.e., the transmission of motion along particles of matter which do not change their place. This action, although necessarily successive in the several particles of the nervous fluid, is felt by the soul to be instantaneous throughout the whole of the ultimate apparatus,—the tube-cell. The course of the action in the sensorium is believed to be in a direction from the place of the excitor of it towards the cell,—a “centripetal action.” In motor action, its course is from the cell towards the muscular fibre, in which the tube terminates, the part where the energy of the action is manifested; a “centrifugal action.” This various course of the action in the sensorium and motorium appears to be demonstrated. Whether the same law obtains in the *mentorium*, is a problem. From analogy we should say that it does; but a doubt may be entertained on the conclusiveness of pure analogical evidence on such a subject, as anatomy has not distinguished a perceptorium and voluntarium apparatus in the organ of the mental phenomena.

VII. All nervous action is an excited action; it may however, be conveniently distinguished into *automatic* and *excited* actions, according as its excitors are (a) intrinsic in the nervous organism, or (b) foreign to it. The latter class comprises various physical agents, as light, sound, tangible bodies, &c., which act on the sensorium; and the soul, which acts on the mentorium and motorium, (which I regard as a foreign excitor, for, although it is in the body, it is not a part of the nervous organism;) and the former class consists of the circulating blood, and whatever chemical agents may be preternaturally held in the blood, this class acts on the sensorium, and motorium, and mentorium. Sensorium action is, then, believed to be excited by certain external physical agents, and by the blood, not by the soul. Motorium action is excited by the soul, and by the blood, possibly also by some external agents, as the galvanic fluid; whether it is mechanically excited by nervous action transmitted from a sensorium, that is, whether the psychic motorium is the seat of reflex action, is a problem. Emotional action indeed, a centrifugal action, and so far like volitional motor action, appears to be an involuntary consequence of certain psychic sensations; but the phenomenon may be explained, whether the seat of the motor part of the emotions be the same as that of volitional action or not, by consociate vascular excitement of the motor apparatus, as well as by a *physical reflection* of nervous action.

Mentorium action is excited by the soul, and by the

blood, not by external physical agents. How far action in any part of it is excited by a sensorium action, and how far the consociate action of its various organs are owing to a reflection (a mechanic diffusion,) of action, is an important problem. The phenomena of dreaming, insanity, and instinct, and those of the psychic nervous system, the excitory reflex action, (so called,) of the encephalo-spinal marrow, as developed by galvanism, and mechanical stimuli, will supply interesting positive and analogical evidence on this part of the subject.

VIII. The same psychic phenomenon must be evolved from the same specific nervous action. The functional actions of an organ, whether that organ consist of a single part or of a duplicate of similar parts, will excite a simple and uniform affection of the soul. The *successive* actions of an organ may be dissimilar, so as to affect the quality of the function, the individual psychic phenomenon, not its *specific* character. The nervous organs are said, by a late writer, to be *dual*, and therefore, the co-existing actions of the same organs may be dual, and the mental phenomena of the same faculty may, at the same time, be dual! There are no dual organs, whose co-existent actions can be so far discordant as to excite conflicting phenomena of a simple faculty, in the soul's consciousness; we have two eyes; each is an organ of vision; both are an organ of vision: the sensuous phenomenon from the same excitor in both eyes, is a simple affection of the soul. If one eye is diseased, the same object will not excite one visional phenomena in one eye, and another in the other eye. Dual or any multiple parts that perform a common office, constitute one organ: each psychic faculty has its own organ, which may consist of a *duality of parts* (some encephalic organs certainly do so consist, others do not certainly,) capable of independent action; but the soul's impression from the healthy action of one of the parts, and the morbid action of the other, is a simple impression. The function has not a dual character. When the co-existing actions are various, the stronger will destroy the weaker, and no dual conflicting states of the soul's faculty will result. Discordant states of the soul, at any one moment, must involve antagonistic actions in *different* organs. There is one soul, and one manifestation in her consciousness, of a single faculty at the same instant.

IX. The power also of the soul over the nervous action is a topic of high interest; its power to *excite* and to *check* organic action. It excites motorium and mentorium actions, voluntary muscular movements, and processes of thinking; it does not excite sensation; but it exalts the sensibility of the sensorium to the influence of its natural excitors, by concentrating its attention on the external object or on the special organ. The sensation bears a definite proportion to sensorial action, and this is in proportion to the sensibility of the organ and the influence of the external object. The influence of attention appears to consist only in augmenting the sensibility of the organism.

The soul can check sensorium action, *indirectly*, by exciting the motorium or mentorium; it can check action in a motorium, directly, by suspending its volition, indirectly by exciting another motorium, or by exciting the mentorium; it can check the mentorium action directly and indirectly, as it can the motorium

action. In insanity the automatic nervous action is too intense to be controlled in any of these ways, the portions of the encephalon which are not in a state of irritation being paralysed to the natural influence of soul.

X. The organology of the soul's faculties. The psychic phenomena may be physiologically arranged into two classes,—corporeal and super-corporeal; there are two orders of the first class,—sensorial and motorial; the sensorial order contains five genera, those of the five senses, three of which only, the optic, auditory, and tactile, have an important relation to psychology. There are also various genera of motorial phenomena, that is, various independent movements of different sets of muscles.

The super-corporeal, super-sensuous, or mental phenomena are also referrible to two orders,—intellectual states, and emotions. The sensorial and motorial phenomena are known to belong to different nerves. The problem is how to determine the situation of their encephalic ganglions? Natural and experimental observation of living phenomena and structure, has yet failed to supply the wants of the science on this question; and until this deficiency is supplied we cannot hope to arrive at exact conclusions regarding the mental organs. We have (a) the olfactory nerve: where are its cells in the encephalon? (b) The optic nerve; is its ganglion ascertained? (c) The auditory nerve; its cells? (d) The gustatory nerve; its cells? (e) The tactile sensory nerves; their cells?—distinguishing those of the cutaneous nerves, and the muscular nerves? (f) The motor nerves; their cells?—distinguishing those of the face, and the organs of speech, of respiration, and of the upper and lower limbs?

Anatomy is full of contradiction on these points. My researches have adduced the conclusion, that the nervous *corporeum*, the systems of sensoria and motoria, is a distinct portion of the encephalon,—the “figurate brain” of Solly, the “isthmus” of Wilson; that no motor or sensory nerve is continuous with the convoluted hemispheric brain, nor with the cerebellum, so far as it is composed of the *arbor vitæ* and its cortical grey matter; that the cerebellum and the cerebrum are purely *mentoria*; and that the former is one mental organ, the latter more than one.

The illustration of this doctrine will be given in a subsequent communication.

December, 1845.

FURTHER REMARKS ON TWO CASES OF SPINAL DEFORMITY.

By SAMUEL HARE, M.R.C.S.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I last year communicated two cases of extreme spinal deformity, which appeared in your number for July 16th. The latter case had been under treatment scarcely two months; I therefore concluded—after giving the various symptoms, and reports of them up to the time when I forwarded the cases—by observ-

ing, that I would at some future period, transmit to you an account of the further progress the patient might make.

In accordance with this promise, I have to state that the improvement, considering the extent of the deformity and the former bad state of her health, has been most rapid and favourable. The extreme dorsal curvature to the left has nearly disappeared, and the equally projecting state of the ribs to that side has improved in proportion, so that the two sides of the chest are now nearly symmetrical, while the umbilicus, instead of being at a point directly below the anterior border of the left axilla, has almost regained its natural position. The projection of the right hip has also, in consequence of the straightened condition of the spine, become exceedingly reduced. An apparatus has been adapted to the right leg and foot, so regulated as to press gradually but firmly along the inner surface of these parts, thus tending continually to bring them to a proper position; and although from the age of the patient, nearly 25, much less benefit was to be expected than if she had been younger, yet a considerable improvement, even under these circumstances, has been effected, the foot and lower part of the tibia being considerably less bent than before. The spinal curvature and the deformity of the ribs being relieved, the folds which were formed by the integuments have ceased to exist, and she consequently no longer suffers from the severe excoriations caused by them; and the attacks of spinal irritation and hysteria, which were formerly both severe and frequent, have, of late, rarely occurred. Not less marked is the alteration which has taken place in her general health; she has gained flesh considerably; her complexion and skin generally, from being pale, sallow, and swarthy, have become quite clear, while the cast of her countenance is more animated, and her spirits exceedingly improved; she has also gained so much strength as to be able to sit up during a considerable portion of each day, and to attend to sewing, netting, and other light work, besides taking occasional carriage airings, while, as stated in the report of the case already alluded to, she had not, when I first saw her, been out of the house for nine years, and for seven years had only been once off the bed on which she was laid. She suffers very little from her former difficulty of breathing; she sleeps well; the circulation has become more regular, her feet being seldom cold, which used to be almost constantly the case; the febrile attacks rarely supervene; her appetite is improved, and the digestive organs are more healthy, the evacuations being of a more natural appearance than for many years.

The treatment adopted has been a continuation of that mentioned in the former report of the case; gentle but continued extension having been employed to the spine, while the patient lay in the recumbent position; and regulated pressure has been applied, as necessary, to the projecting parts, while especial pains have been taken to correct the state of the digestive organs, by giving alterative medicines, with gentle laxatives, at the same time employing tonics, particularly the preparations of iron.

I would state, in conclusion, that much, very much, may be effected by attention and perseverance, even in such protracted cases as this; and I would strongly recommend those who have such cases under their care,

not to despair of producing the desired effect, however tedious the improvement may be, for even where cure cannot be effected, very satisfactory relief may be given.

As regards the other case, that of W. F., I have to give an equally good account. He has continued to progress most favourably, having passed the summer in an exceedingly improved state of health, and has been able to take excursions to Richmond, Hampton Court, &c.

I have the honour to be, Sir,

Yours respectfully,

9, Langham Place, London,
Nov. 12, 1845.

S. HARE.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

THE EFFICACY OF THE TREATMENT OF ULCERS BY LOTIONS.

CASE I.

William Snowdon, aged 44, carpenter, a stout healthy man, admitted April 24th, 1845, with a large callous ulcer covering the stump, that followed the natural amputation of all the toes with the metatarsal bones of the right foot; the injury that caused nature to throw them off by sloughing was the fall of a heavy piece of timber on his foot fifteen months ago; the ulcer has never been healed, its edge is hard and greatly elevated, and its surface is indolent and unhealthy; has no constitutional complaint.

To have a purge; to keep as much as possible in bed; and the ulcer to be dressed every morning with lint, dipped in a lotion containing half a drachm of sulphate of copper to six ounces of water, with oil-silk and bandage over it.

May 6th. Surface of ulcer covered by healthy granulations, and its horny edge greatly softened and removed; complains of flatulence.

To continue and have some infusion of gentian, carbonate of soda, and rhubarb twice a day.

17th. Ulcer much smaller and surrounded by a thin, blue, healthy margin; flatulence relieved.

June 1st. Cicatrization going on favourably.

12th. Lotion has been applied too freely to the ulcer, its granulations are corroded and covered by a cupreous deposit.

To discontinue lotion; ulcer to be dressed twice a day with lint dipped in cold water, and to have a purge.

30th. Ulcer healthy again, about one fourth of its former size, and promises to heal favourably.

July 20th. Continues to do well.

August 15th. Ulcer healthy and extremely small; health good.

22nd. Ulcer almost well; complains much of palpitation, with vertigo; pulse 100 and jerking.

To be bled to sixteen ounces, and have a calomel purge, with low diet.

24th. Easier; bowels freely moved.

To take five grains each of blue pill and rhubarb every night, and to be bled again.

28th. Sent out quite well.

Here, as in other cases, where nature throws off a part of an extremity the remaining ulcer is especially difficult to heal when it occurs in the lower limb, this man having been under surgeons and in a hospital with very little benefit. When he was admitted many doubts were entertained whether a cure could be effected, and the favourable issue adds another to the many examples of the great superiority of this mode over the ordinary lardaceous plan of dressing sores; the bleeding and purging quickly relieved the embarrassment of the heart and congestion of the head, for they most probably arose from repletion of the vessels consequent upon the cicatrization of the ulcer.

CASE II.

Andrew Allcorn, aged 20, a rather robust-looking countryman, admitted August 14th, 1845, with an extensive phagedenic ulcer of the penis, which covers the greatly swollen glands and prepuce, and commenced six weeks ago; sleeps ill and endures much pain; no other ailment. Had a chancre six months ago which soon healed, and since that has had sore-throat; has been pyralized three or four times.

To have ten grains each of Dover's powder and rhubarb every night, with castor oil to-morrow morning, and a poultice to ulcer to-night.

15th. To keep a lotion containing a drachm each of liquor plumbi and laudanum to a pint of camphor mixture constantly to penis.

20th. Easier and sleeps better; ulcer continues to spread.

To go on with the powders and take a pint of the decoction of sarsaparilla with fifteen grains of iodide of potassium, in the day; also to use with lint and oil-silk to the penis a lotion of two ounces of the solution of chloride of lime to six of water, and omit the other.

September 1st. Ulcer healthy and considerably smaller; sleeps well and is stronger.

To persist diligently.

15th. Ulcer continues to heal rapidly.

27th. Doing exceedingly well; ulcer about the size of sixpence and very healthy.

To use the sulphate of copper lotion, and continue the medicines.

October 1st. Sore appears stationary; health quite recovered. To resume the chloride of lime lotion.

12th. Sent out cured.

The appearance and extent of this ulcer were very unpropitious; the previous baffled attempts at cure very evidently indicated that the mercurial course was not the mode of treatment to be pursued, and the iodide of potassium, being almost invariably found to suit most admirably this formidable species of syphilitic ulceration, was prescribed, with the local application of the chloride of lime lotion. The surprisingly rapid change must be mainly attributed to the lotion, for it seemed to be peculiarly fitted to the case, as the others that were used did not check the advancing strides of the disease, or accelerate the cure when once commenced.

CASE III.

Jane Riddell, aged 15, a tall, thin, and cadaverous looking girl, admitted September 11th, 1845, with a very large foul ulcer, covering the front of the left ankle and dorsum of the foot, and exposing, in a carious

condition, some of the bones of the tarsus; the ankle joint is almost immovable, and partially dislocated; the heel being held three or four inches off the ground by the contraction of the tendo achillis, which is much shortened and tense; has lost flesh lately, and sweats very profusely at night, but has no cough; pulse quick. Fell upon her foot and caused the present ulcer seven years ago, since which no treatment has healed it.

To have a poultice on the foot to-night, and take a powder, with two grains of quinine, three of rhubarb, and five each of carbonate of soda and cinnamon powder, thrice a day.

12th. To use the lead lotion with laudanum twice a day to the foot, having over it a piece of oil-silk.

16th. Ulcer healthy now, and general health improving; the tendo achillis was divided this morning by the subcutaneous incision, when she was ordered to have a board at the foot of her bed to flex her foot against frequently.

20th. Ankle is partially ankylosed in its displaced situation, and allows only a small degree of motion; ulcer cicatrizing, and granulations beginning to cover the exposed bones.

To continue.

October 5th. Ulcer healing very favourably.

20th. Bones covered by granulations; they can still, however, be felt bare by the probe; sweats none, and is stronger.

November 1st. Ulcer almost healed, and health nearly regenerated.

To persist.

12th. Sent out cured.

It is singular that such a large and unhealthy ulcer, after having existed for so long a time, with the most palpable disease of two or three of the tarsal bones, should have healed so quickly, and with so little trouble as this did; it was undoubtedly of a scrofulous nature, and the tonic remedies appeared to have been of the greatest use in rearing up the proper tone of the system, and inducing, in conjunction with the local application, a vigorous and healthy action, both in the soft and bony structures.

CASE IV.

Mary Grant, aged 15, a stout well-developed girl, admitted July 23rd, 1845, having a few minutes before been severely burnt about the arms, thighs, and abdomen, by her clothes catching fire. Dressed with turpentine ointment, and ordered an opiate.

27th. Extensive sloughs on thighs, abdomen, and left arm; has been dressed daily with the ointment.

To use chalk ointment instead of the turpentine.

August 6th. Sloughs all separated; constitutional disturbance mostly subsided; has had frequent purges and effervescing drinks.

To be dressed daily with the saturnine lotion, containing laudanum, with oil-silk over it.

20th. Ulcers healthy, and cicatrizing favourably.

To continue.

September 5th. Doing exceedingly well; ulcers healing fast; health good.

20th. Ulcers on abdomen healed, and those on arms and thighs becoming small.

30th. To be made an out-patient, ulcers being nearly healed.

October 20th. Cured.

The extensive and deep ulcers that followed the falling off of the sloughs in this case were treated without the use of the too often employed caustic, or any other means to keep down the so much complained of exuberance of the granulations, and yet they were healed more quickly by the simple lotion, than they generally are by the usual method of plastering them up with ointments and irritating their edges with destructive escharotics; the ready means in some cases to produce those distressing contractions which so often cripple a patient for life. Here, although the sores were in those parts that are frequently found puckered and contracted, the cicatrices were level, smooth, and soft.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 28, 1846.

Questions connected with the management of medical charities would seem to be fraught with difficulties of no slight description. The services of the honorary medical officers are, if efficiently performed, of value beyond all estimate to the welfare and prosperity of these institutions, and we can scarcely imagine a case connected with the general management of an Infirmary or Dispensary, in which the assistance of one or more of the medical officers may not be important and even essential to the interests of the institution; yet it would seem, to judge from a regulation in one of our provincial Hospitals to which we shall presently allude, that the value of such assistance is, under certain circumstances, more than counterbalanced by other considerations.

The primary object of all such institutions, it should be remembered, is the affording of the best assistance in the treatment of cases of disease and accident, and while each individual subscriber contributes his guinea, or more, as the case may be, and receives in return certain privileges by which he is empowered to recommend recipients for those advantages which the institution affords, the services of the medical officer, in carrying out the benevolent intentions of the subscriber, must, manifestly, outweigh, even in marketable value, in each individual case, the subscriptions of many contributors to the fund. A governor of an Infirmary or Hospital pays his guinea, and recommends his one or two patients to the institution. The physician or surgeon, if he does his duty, investigates the case fully, pays numerous visits, according to the severity and duration of the disease, prescribes, sees his treatment carried out, consults with his colleagues, performs capital operations, and in short does everything which his skill can suggest, or the nature of the case require.

Were the same amount of time, talent, and responsibility devoted to the personal benefit of a subscriber to such an institution, he would expect to be called on for a proportionate remuneration. Now, whatever the amount of such remuneration might be, it is sufficiently evident that in all cases it must far exceed the sum which the subscriber contributes towards a public institution for a like attention paid to the patient whom he may recommend; and consequently that the honorary medical officer, in each individual case, contributes far more than the subscriber, and that the medical officers collectively contribute, in a corresponding degree, a much greater amount towards the institution with which they are connected, than the whole body of subscribers put together. Their claims therefore to consideration as governors are of the highest character, and can in no instance be overlooked.

Now, with regard to the details of management of these institutions, there are, and must be, questions of daily occurrence, with which the medical officers can alone be familiar, and which they alone are capable of duly estimating, or fitted to give advice upon.

The original construction of the building; the due ventilation of the wards; the domestic economy of the house, so as to secure a fitting attention to the bedding, to general cleanliness, &c.; the dietary; the efficient supply of water; the regulation of temperature, and best means of accomplishing it; the entire dispensing department, are all subjects on which the opinion of the medical officers is and must be highly valuable, and in some cases even indispensable. The necessity, therefore, of so constructing the Board of Management of any of these institutions, as to secure upon it the services of those best competent to give advice, would seem to be an essential object with the governors generally. It is with much surprise, therefore, that we learn, from a recent discussion, that the Board of Management of a large and important Provincial Hospital should be constituted upon different principles. It is with surprise that we have learned that in the lately enlarged Northern Hospital of Liverpool—an Institution containing two hundred beds, and situated in a most important district, one in which serious accidents are of frequent occurrence, and where every exertion of medical knowledge must be required to preserve the house in a fitting state for the reception of patients:—It is with surprise, we repeat, that we have learned, not merely that no medical officer is placed on the Committee of Management, but that an express law exists, which prohibits any medical officer of the Institution, even though otherwise a governor, from being appointed on the Board.

How such a law could have crept into the code of the Institution,—how the thought of it could for

one moment have been entertained,—is a mystery to us, and we would tell the governors, or trustees, that if they have any regard for the prosperity of the Hospital, they will take the earliest opportunity of rescinding it. We can conceive nothing more calculated to cramp the best energies of the Institution,—nothing more injurious to the objects for which it is professedly founded, than the exclusion from the Board of Management of the very persons who are best qualified for giving sound advice in numerous points which must be continually coming before them.

In giving these opinions, we would not be understood to say, that the medical officers of such an establishment should be the sole managers, or indeed that they should have the chief direction of its concerns; but we do think, that their position as influential governors, the value of the services rendered by them, the qualifications which they bring to the office, should entitle them to the highest respect and consideration, and that, in all instances, their advice should be listened to with deference, and as far as practicable, or at least as far as is consistent with the general interests and objects of the institution, acted upon and carried out.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

BATH AND BRISTOL DISTRICT BRANCH.

A quarterly meeting of this United Branch was lately held at the Medical Library, Bristol; about thirty members were present;

Mr. ESTLIN in the Chair.

Dr. Budd related the particulars of a case of extraordinary effusion into the lateral ventricles of the brain, accompanied with severe headache, but without any loss of motor power or muscular development; all the senses were unimpaired. Death took place from coma.

Mr. Augustin Prichard introduced to the meeting a lad upon whom he had operated six days previously for congenital cataract in each eye. He was 17 years of age, had a cleft palate, was quite uneducated, and though not quick in apprehension, was not deficient in intellect. With the exception of sight, his senses were perfect, especially that of touch. He could always distinguish colours when held close to his eyes, and also the general form of small objects, but his sight appears never to have been useful to him. The cataracts were very soft, and after being freely broken up, were nearly absorbed in the short space of three days. Upon the subsidence of some constitutional symptoms, his sight was discovered to be good, but useless to him, for he had formed no idea of shape, except by the sense of touch; his ideas of distance were very vague, and he could consequently draw no assistance from the perspective of objects. He was unable to recognize any of the objects which were shown him, but by touch distinguished them at once.

He seemed disinclined to take the trouble of educating his newly acquired sense, and this was noticed by the President as being an usual phenomenon in such cases. He had, however, learnt already certain objects, as cups, oranges, &c. He mistook a *walking stick* for a *slate*, a chair and a book for pieces of cloth.

Mr. Hetling expressed a wish that some of the particulars of an accident which occurred to the President soon after the last annual meeting, should be made known to the society.

Mr. Prichard related that, on the night of Monday, July 7th, whilst Mr. Estlin, was lying dangerously ill from an attack of dysentery, he took by mistake about seven drachms of Battley's Sedative Solution. Within five minutes, salt and water, with mustard, were administered, and twenty-four grains of sulphate of zinc. Vomiting ensued; the dose was repeated, and with the same effect; the fluid evacuated at the second vomiting having the usual smell of opium. Half a drachm of Ipecacuanha was afterwards given to complete the emptying of the stomach. Notwithstanding this repeated vomiting, symptoms of narcotism presented themselves speedily—contraction of the pupil, and very great drowsiness—rendering it necessary to remove him from bed in his debilitated state, and keep him constantly moving, until about nine p.m., (seventeen hours,) when vomiting came on spontaneously, and he was put to bed, and allowed to sleep. The original disease afterwards resumed its course, (complicated by an attack of gastritis,) and at length terminated favourably; but the patient has no recollection whatever of what occurred for twenty-four hours after the administration of the emetics, and it appeared to his medical attendants that an excited state of the mind remained for some days afterwards.

Dr. Prichard, Dr. Symonds, and Mr. Morgan, who had also attended Mr. Estlin at this period, detailed some of the symptoms.

SURGICAL SOCIETY OF IRELAND.

ANEURISM TREATED BY COMPRESSION

At a meeting of the Surgical Society of Ireland, held on Saturday, January 10th, Dr. Bellingham communicated an account of the dissection of a subject who had been cured of popliteal and femoral aneurism, (in opposite limbs,) by compression. The patient was a man servant, about 35 years of age, and was admitted into St. Vincent's Hospital, on the 19th of December last, with aneurism of the aorta, which terminated fatally by rupture into the left pleura, on the 25th of the same month. He had been twice previously in the Hospital, having been admitted in March, 1843, labouring under popliteal aneurism on the right side; the treatment by compression was adopted, and he was discharged cured in June of the same year. He was re-admitted in June 1844, labouring under femoral aneurism in the opposite limb; compression was again employed, and he was dismissed well in September of the same year, and returned to his occupation. The following is the account given of the appearances observed on examination after death.

Post-mortem examination.—Body well formed and muscular. On laying open the thorax, the left pleura was found to be full of blood, which had coagulated, the crassamentum occupied the lower, the serum the upper portion of the cavity; it amounted to above two pounds, had pushed the heart over to the right side, and had come from a rupture of an aneurism of the aorta, seated in the descending portion of the arch.

The aneurismal sac was about the size of a hen's egg; its walls were thin, and were necessarily injured in the removal, in consequence of its firm adhesions to the vertebral column; it sprung from the upper part of the descending portion of the arch, and was firmly adherent to the left side of the bodies of the fourth, fifth, and sixth dorsal vertebrae, the bodies of each of which were slightly corroded, that of the fifth being more so than the fourth or sixth, while the intervertebral cartilages were apparently uninjured. The orifice by which the aorta communicated with the sac was seated at its outer and posterior wall, and was of considerable size; its edges not as smooth or as accurately rounded off as in aneurisms of older standing. The contents of the aneurismal sac were merely a little coagulated blood; there was no deposition of fibrine; the sac had likewise formed adhesions with the upper lobe of the left lung posteriorly, and had burst partly into it, a portion of the lung here being infiltrated with blood, and the serous membrane readily separated from its surface at the part. This accounted for the expectoration of a small quantity of blood which occurred immediately preceding the patient's dissolution.

The heart was about the normal size; an unusual amount of fat was deposited upon its surface, which extended to some depth into the substance of the left ventricle; the scalpel was greased in laying it open; the cavities of the heart were all empty; the valves sound. The thoracic aorta was of the normal size; its coats not thickened, but its lining membrane presented patches of disease; the abdominal aorta was healthy; all the viscera in the abdomen were healthy; the lungs on both sides were free from adhesions.

The arteries of the lower extremities were injected from the abdominal aorta, as it was of great importance to ascertain the condition of the vessels upon which the compression had been exercised. The femoral artery upon each side is seen to be quite pervious down to the site of the original aneurismal sacs;—on the right side, (on which the popliteal aneurism had existed,) to near the popliteal space; on the left side, (where a femoral aneurism low down had existed,) to the tendinous canal formed by the adductor magnus and vastus internus muscles.

At the site of each aneurismal sac the artery is quite impervious, and presents the appearance of a solid, thick, flattened band; and at these two points the vein is so firmly adherent to the artery that they cannot be separated. Indeed through the whole course of the femoral arteries upon each side, the vein was more intimately attached to the artery than in ordinary cases, so much so that had the operation by ligature been performed, the femoral vein could not possibly have escaped injury. The femoral arteries appear to be rather smaller than usual, while the profunda and all the branches which proceed from it, particularly the perforating and circumflex arteries, are much enlarged;

the branches which come off before the femoral artery divides, are likewise enlarged. Below the site of the aneurismal sacs, the continuation of the canal of the femoral artery is contracted on both sides, and the anterior and posterior tibial arteries in each limb are diminished in diameter near their origin.

We regret that we are unable to transfer to our pages the valuable observations made by Dr. Bellingham on this very important case, which is of value in many points of view, but especially as exhibiting the results of compression on the aneurisms, and on the collateral circulation. The following propositions were laid down by Dr. Bellingham, as being clearly established by this case.

1st. That to cure an aneurism by compression, such an amount of pressure is never necessary as would cause inflammation and adhesion of the opposed surfaces of the vessel at the point compressed. Examination of the preparation fully bears out the correctness of this proposition, as the femoral artery upon each side is seen to be pervious and uninjured down to the site of the original aneurismal sacs, at which points only its channel is obliterated.

2nd. That it is not necessary to carry the pressure so far as completely to intercept the circulation in the artery at the point compressed, but that the consolidation of the aneurism will be more certainly brought about, by allowing a feeble current of blood to pass through the sac—in fact, that to apply compression successfully, the velocity and force of the current through the artery leading to the aneurism are to be diminished, while the amount of blood passing into the sac is to be lessened, by which the deposition of fibrine will be encouraged, until the sac no longer permits of the entrance of blood. A cure will then be effected in the manner in which nature, under the most favourable circumstances, brings about the spontaneous cure of aneurism.

3rd. That the mode in which compression effects the cure of aneurism seems to be more simple, and to require less assistance from nature than the ligature. For instance, when a ligature is placed upon an artery in the usual situation at a distance from the aneurismal sac, to prove effectual it must cause the obliteration of the vessel at the point to which it is applied; the blood contained in the sac, or that which finds its way into it by the anastomosing branches, (as there is no *vis a tergo*), coagulates, and the main artery of the limb comes eventually to be obliterated both here and at the site of the ligature; whereas, after a cure by compression, the artery is obliterated, *only at the seat of the aneurism*.

The foregoing account is condensed from the *Dublin Medical Press* for Wednesday, January 21st, in which will be found a full report of the observations of Dr. Bellingham, and the discussion which ensued.

ANECDOTA BODLEIANA: UNPUBLISHED FRAGMENTS FROM THE BODLEIAN.

(Continued from page 704 of last volume.)

LETTER FROM DR. GOODALL TO SIR THOMAS MILLINGTON.

[There is no date attached to this letter, but, as it contains an account of the death of Anthony Grey, tenth (or eleventh,) Earl of Kent, who died August 19, 1702,* it was probably written a few weeks after that time.

Of Sir Thomas Millington little is known, besides what is intimated in the following letter. He was educated at Oxford, where he became a Fellow of All Soul's College; and was a friend and contemporary of Sydenham, who mentions him in his *Observ. Med.* iv. 6., sec. 11. He took his degree of M.D., in 1659; was appointed Sedleian Professor of Natural Philosophy in 1675; and died probably in or about the year 1704.]

TO SIR THOMAS MILLINGTON.

Tunbridge Wells, [1702]

Honoured Sir,

After sixteen weeks continuance at Tunbridge Wells, I thought it a duty incumbent on me to acquaint you what success I had found upon drinking the waters so long a season. For the first month I observed little alteration; but after six weeks time, my stomach grew sensibly better, my strength and spirits were much recruited and amended, so that I could walk up hill with more ease and pleasure than at London or at my first coming to Tunbridge. I bless God that I can now eat and drink, study and converse, with an easy, cheerful, and contented heart; I usually spend two hours in an evening at bowls and return from the green better than I went to the same. My waters pass well, and my legs grow sensibly lesser and stronger; and that which is most surprising, I am not so affected with change of weather as I have been for above fifty years past. And whereas, (from the time I came from the bath last Michaelmas,) I used to take fifty or sixty drops of my laudanum bis die, I have of late contented myself with thirty. This great alteration and advantage which I have (through God's blessing,) received from the waters, doth lead me into the following opinion, that in all chronical cases, (occasioned by acute diseases, great hæmorrhages, or other evacuations wherein the crisis of the blood and tone of the parts are very much weakened and debilitated,) hypochondriacal and hysterical affections, cacochymies, cachexies, ill habits of body, etc., are not to be cured without a long course and continuance of the waters; for, notwithstanding I found the great and eminent advantage which I have mentioned by drinking these waters eight or ten weeks, yet I could not overcome one symptom, which was (as I feared,) entailed upon me by my long and tedious malignant fever, viz., fullness and swelling of my thighs and legs, especially in an afternoon and evening, and much worse upon riding; and when, by a longer continuance of these waters, this was conquered, yet there remained a hardness and tenseness of my legs, that I could not

* See Barke's *Extinct Peerages*; Le Neve's *Monuments Anglicana*, vol. iv. p. 51; v. 196.

think the flesh of them true natural flesh; they seeming to want that liveliness and pliability that is proper to flesh rightly influenced with the due influx and circulation of blood and spirits. Yet, to my great surprise and admiration, I found, that, by an obstinate continuance of drinking these waters fifteen or sixteen weeks, the swelling disappeared, so that I could daily ride with ease and pleasure, and that obtuseness and tenseness of the muscles was conquered, and then these muscles of my legs grew as pliable and obedient as in my youthful years. So that I am now in reasonable hopes that I may hereby be enabled, through the blessing of God, to redeem (in some measure,) part of that most precious and valuable time, which I have lost for many years past by a weak, sickly, infirm, and shattered constitution of health; and from henceforward dedicate and devote myself more sincerely and heartily to the glory of Almighty God, and service of the Faculty and College of Physicians, of which I am a member.

May you long live President of the College of Physicians, to see that unhappy ill-natured Society united, so as to respect each other as well as (to our shame be it spoken,) the Apothecaries do. May you live to see your son and daughters married to their happiness and your content; may you live in honour and reputation, (first and principal physician to our gracious sovereign Queen Anne, whom God long preserve,) to a greater age than any of your famous and learned predecessors; may your fame and success exceed our renowned Linacer, Caius, Prigean, Maydon, Bates, etc.; and may your name be admired and conveyed to posterity with the deserved style and title of *immortal*, as the renowned Dr. Harvey.

As to the company which we have had at Tunbridge this season, they have been as many in number, (though not in quality,) as the last and many preceding years. We have had the company of four or five of the nobility, more divines than usual, and several of considerable note, so that they were many more than those of our faculty, whose business was not so fortunate and considerable as in former years. The gentry were in number as usual, the citizens more numerous, as also ladies, citizens' wives, &c., (children especially,) more than enough.

(To be continued.)

ACADEMIE DES SCIENCES, PARIS.

M. Mathieu has been appointed President of the Academie des Sciences, Paris, for the year 1846, in succession to M. Elie de Beaumont, and M. Adolphe Brongniart has been elected Vice-President of the Academie, in the room of M. Mathieu, M. Roux being the unsuccessful candidate for the office.

MEDICAL APPOINTMENTS.

Dr. Leeson has been appointed Physician to St. Thomas's Hospital, in the room of Dr. Williams, deceased: Dr. Cohen has been elected Assistant-Physician to the Hospital.

Mr. George Critchett has been elected Assistant-Surgeon to the London Hospital.

THE MEDICAL BILL.

The National Association of General Practitioners have received a communication from Sir James Graham, stating that it is not at present his intention to proceed with the Medical Bill of the last Session.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, on Friday, January 23rd, 1846:—J. H. O'Sullivan; R. Davis; J. G. Cambell; J. Greene; H. T. Hartnoll; J. H. Eddowes; T. Willmott; J. Ryan; A. Hewgill; E. J. Such.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, January 15th:—William Skaife Gibson, Dublin; Frederick Augustus Crisp, Oxford; John Cowburn.

OBITUARY.

Died at Naples, on the 18th of December, John Clarke, Esq., M.D., K.H., Deputy Inspector-General of Army Hospitals.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

VOLUME OF TRANSACTIONS.

The members of the Provincial Medical and Surgical Association are respectfully informed that the fourteenth volume of the Transactions of the Association is now nearly ready, and will shortly be issued. Those gentlemen who have not paid up their subscription for the last year, are requested to forward them, either to the Treasurer of the Association, Dr. Hastings, or to the Secretary, as the volume cannot be supplied to members whose subscriptions are in arrear.

ROBERT J. N. STREETEN,
Secretary.

BOOKS RECEIVED.

The Half-yearly Abstract of the Medical Sciences, &c. Edited by W. H. Ranking, M.D., Cantab., Physician to the Suffolk General Hospital. Vol. II. July—December, 1845. London: Churchill, 1846. pp. 472. The London Medical Directory, 1846. London: Churchill. pp. 270.

Eighth Annual Report of the Suffolk Lunatic Asylum. December, 1845. 8vo. pp. 27.

Phrenology—Its Nature and Uses: An Address to the Students of Anderson's University, at the Opening of Dr. Weir's First Course of Lectures on Phrenology in that Institution, January 7th, 1846. By Andrew Combe, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c. &c. Edinburgh: MacLachlan, Stewart, & Co. 8vo. pp. 32.

TO CORRESPONDENTS.

Communications have been received from Dr. Durrant; W. A. G.; Dr. Favell.

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DISEASES OF THE SKIN;

A PRACTICAL AND THEORETICAL TREATISE ON
THE DIAGNOSIS, PATHOLOGY, AND TREATMENT OF CUTANEOUS DISEASES,
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Office, 294, Regent Street,
22nd January, 1846.

AT A SPECIAL MEETING of the COMMITTEE
of the ASSOCIATION, convened on the 21st inst.,
for the purpose of considering a Communication lately
received by the Joint Deputation from the Right Hon.
Sir James Graham; it was—

Moved by E. Headland, Esq., seconded by J. S.
Smith, Esq., and unanimously resolved:

That an Advertisement be at once inserted in the
Public Papers, stating that a letter has been received
from the Right Hon. Sir James Graham, in reply to an
application from the Joint Deputation, informing them
that he does not at present intend to proceed with the
Medical Bill of the last Session; and that it be at the
same time stated to the Members of the Association,
that the Committee will adopt such measures as in
their judgment may be best calculated to attain the
ultimate accomplishment of the objects of the Associa-
tion.

Moved by N. Clifton, Esq., seconded by T. Wheeler,
Esq., and resolved:

That the Committee be especially summoned for
Wednesday, the 28th instant, to take into further con-
sideration the communication from Sir James Graham.

By order of the Committee,

GEORGE ROSS,

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WEDNESDAY, JANUARY 28, 1846.

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LECTURE IV.

DISEASE OF THE HEART AND LUNGS.

In directing your attention on a previous evening to the case of Hannah Flinn, I confined my observations entirely to the indications which are afforded of pulmonary disease, and an enquiry into its probable origin, nature, and issue.

You will perhaps recollect that I attributed the origin of her cough and dyspnoea to the congested state of the pulmonary vessels which occurred during her last pregnancy, when the tone and vigour of the constitution were greatly enfeebled by long continued bad health.

I further told you that I do not regard the partial condensation which exists at the upper portion of the right lung as tubercular, but rather as the consequence of the effusion of some of the natural constituents of the blood into the pulmonary tissue.

I likewise told you, that if Mrs. Flinn's complaints were entirely confined to the lungs, I should entertain a strong hope, that by the exercise of great care, and the use of proper remedies, she might ultimately recover. But at the same time I intimated that there is too much extensive structural mischief existing in the heart to admit of her restoration to health.

I now proceed to enquire into the nature of the affection of the heart, its probable origin, and immediate consequences.

1. *The Nature of the Disease of the Heart.*—In attempting to determine this question, it will be necessary to review the different signs and symptoms of heart-disease which the case presents: these are partly general and partly special. Amongst the general symptoms indicative of a disturbed condition of the heart, we must notice palpitation, dyspnoea, and the state of the pulse; whilst the special signs will include all the particulars with which we become acquainted by a physical examination of the præcordial region. These particulars have already been related to you, but it now remains that I should interpret their meaning.

In the first place, however, I will make a few remarks respecting the general symptoms. Now, on this branch of the subject I may observe, that what are called "general symptoms," afford very little information, and that little of a very imperfect character, respecting the existence of heart-disease. Nay, I may proceed even further than this and remark, that *by general symptoms alone* it would not only be impossible to point out the

precise seat of lesion in a given case, but even positively to determine respecting the existence of structural disease. But my remarks at present must be confined to the symptoms presented by the case under consideration. Let us briefly notice these in the order in which they have been enumerated.

1. *Palpitation.*—This term does not, by any means, imply an irregular or tumultuous action of the heart, but simply that the action is somewhat excited and rendered sensible to the individual. Under ordinary circumstances, you know, the heart beats without our being aware of it; and whenever its motions are felt by the patient, he announces the circumstance by the use of the term we are considering. Now, palpitation alone gives us no information respecting the nature of cardiac disease; it does not even assure us that such disease exists. It is true this symptom is often present along with other indications of organic change; but then the lesions which it accompanies differ most widely from each other. At one time they are seated in the valves, at another in the muscular tissue; in one case we may have hypertrophy, and in another simple dilatation. But further, palpitation is often a very troublesome symptom when there is no disease of the heart: thus we meet with it in what are called lesions of innervation in hysteria, dyspepsia, chlorosis, and a variety of other affections which need not now to be enumerated. Once more I may remark, that the character of the palpitation will not enable you to determine its immediate cause. It is often more violent and troublesome in inorganic affections than in cases where there is extensive structural mischief. Observe, then, palpitation is a very fallacious symptom, and is only valuable as an indication of heart-disease, when it co-exists with other evidence of a more decided character. This was the fact in the case of Hannah Flinn.

2. *Dyspnoea.*—I have already intimated, in the last lecture, that whatever disturbs the relative quantity of blood and air existing in the lungs, occasions dyspnoea. In the present case such disturbance doubtless exists, and consists in a hyperæmatic condition of the pulmonary vessels. In what way this is occasioned I shall not now stop to enquire, but merely remark, in general, that it depends upon an impediment to the free entrance of the blood which is brought by the pulmonary veins into the left side of the heart. It is unnecessary for me to dwell on the value of the symptom we are now considering as indicative of disease of the heart; you are doubtless aware that it is often present when the heart is entirely free from lesion, and that it must therefore be viewed in connection with other symptoms.

3. *Pulse*.—Before physical diagnosis was so well understood and so extensively practised as it is at present, the state of the pulse was regarded as the best criterion of the condition of the heart; but in such affections it is a fallacious guide, and its indications must be received with great caution. It is true that organic changes in the heart almost invariably occasion some variation in the state of the pulse, but we often meet with precisely the same variations in the entire absence of all structural alteration. In the case of Hannah Flinn, it is quick, feeble, and regular. We shall, probably, have occasion to revert to this character of the pulse again presently.

It appears, then, that the three symptoms we have been considering, may easily be accounted for on the hypothesis of disease of the heart being present; but that, nevertheless, they are not of such a character as to warrant us coming to a positive opinion in the absence of other more decided indications. This leads me to review, as briefly as possible, the physical signs which are afforded in the case we are considering:—

Percussion over the region of the heart yields a more extensively dull sound than natural; the impulse is rather weak; the apex beats about an inch and a half below the nipple, and in a line with it. Now I draw three distinct inferences from the statement I have just made. I infer, in the first place, that the heart is enlarged, and consequently occupies a larger space in the chest than it ought to do. You will observe that I am taking it for granted that the increased dullness is not occasioned either by condensation of any portion of the lower lobe of the left lung, or by effusion into the pleura, a conclusion in which I am justified by the physical examination of the lungs, the particulars of which have been already detailed.

Secondly, I infer, that although the heart is larger than natural, the enlargement is not excessive; in other words, it is moderate. I come to this conclusion chiefly from the position of the heart, as this is ascertained by the situation in which the apex is felt. In cases where the enlargement is very great, the position of the heart becomes altered; it cannot find room in a vertical direction, in consequence of which it partially turns upon itself, until in advanced cases, the apex is felt to beat in a line with the anterior fold of the axilla. The position of the apex, taken in connection with the extent of dullness, I consider to be a pretty accurate measure of the size of the heart; but this will doubtless be to some extent influenced by the size and form of the chest. In the case of our patient, the chest is tolerably well formed and capacious; and you will observe that the apex of the heart beats a little below the left nipple, and in a direct line with it. It is this circumstance which leads me to suppose that the enlargement is moderate.

Thirdly, I infer that the walls of the heart are not abnormally thick. This conclusion is warranted by the force of the impulse. In cases of hypertrophy the impulse is increased; it is often sufficient distinctly to raise the head of the auscultator, and may frequently be seen as well as felt. This great increase in the amount of impulse is most commonly met with where hypertrophy co-exists with general enlargement.

I now proceed to explain what I believe to be indicated by the abnormal murmurs which are heard in the region of the heart. I have previously pointed out

to you the existence of a rough murmur, heard loudest at the apex, which accompanies, or almost supersedes, the first sound of the heart. This murmur is also heard very plainly about an inch above the ensiform cartilage, and along the course of the sternum; but it diminishes as we proceed upward: it is likewise slightly heard along the course of the aorta, but not in the carotids, and is distinctly audible along the dorsal vertebrae. The second sound is normal. The natural sounds of the heart, you are aware, are two in number: the first corresponds with the systole or contraction of the ventricles; and the second with the diastole or dilatation of the ventricles. I shall not stop to inquire into the immediate causes of these sounds. We shall, doubtless, have other opportunities of prosecuting such an inquiry; at present I shall confine myself to the particulars of the case before us. I must remark, however, that a murmur accompanying the first sound of the heart may be occasioned by a variety of causes; it may depend upon an abnormal condition of the auriculo-ventricular opening on either the right or left side, on a morbid state of the mitral or tricuspid valve, on præternatural contraction of the commencement of the aorta or pulmonary artery, or on a diseased condition of the valves with which those vessels are supplied. I observe, further, that a systolic murmur may be indicative either of obstruction or regurgitation. In those cases, for example, where an impediment exists, from whatever cause, to the free entrance of the blood into the aorta, there is a systolic murmur; and there is a similar murmur occasioned when the contracting ventricle forces a quantity of blood back again into the auricle through an unclosed auriculo-ventricular opening.

Now, it is very important to distinguish on which of these lesions the morbid sound depends, in a given case, because the knowledge of this will very materially influence the treatment. I am perfectly aware that many writers contend that this knowledge cannot be obtained during the life of the patient; they almost ridicule the idea of localizing valvular disease; but I must warn you against the danger of being unduly influenced by the authority of great names. The science of medicine is a science of observation, and every one who enters the portals of our profession ought patiently and carefully to examine for himself. For my own part I do not hesitate to declare my firm conviction of the possibility of ascertaining the precise seat of lesion in cases of regurgitant or obstructive disease of the heart. Nay, I will even go further than this, and add that, generally speaking, the attainment of this information is not difficult.

But although I speak thus confidently, after several years patient attention to the subject in a field which has afforded me ample means of observation, I must also acknowledge that there are many sources of fallacy, and therefore the diagnosis requires the exercise of great care. Superficial or hasty observers often fall into serious errors, and even those who are more careful and profound are occasionally mistaken in the opinions which they form. I believe it to be impossible, without the aid of the stethoscope, to form an accurate diagnosis in case of disease of the heart; but when we possess all the assistance this instrument can afford, our judgments are far from being infallible. The value of the stethoscope, as a means of diagnosis in all pectoral diseases, is very generally admitted; but even at

the present day we now and then meet with individuals who treat it with ridicule and contempt. Such persons have never patiently investigated its claims—they have not made it their constant companion at the bedside, and in fatal cases tested the truth of the information it afforded by *post-mortem* examination. There are others again who use the instrument from time to time whilst they are only very imperfectly acquainted with the meaning of the indications which it affords, and consequently they commit frequent mistakes. And once more, there are those who place too implicit reliance on stethoscopic indications—who despise or disregard all other means of diagnosis; and they also fall into error. I recommend to you a constant, but at the same time, a careful use of this instrument. It should assist and not supplant the other diagnostic means which you possess. But we must pass on to notice the indications afforded by the stethoscope in the case which is now more particularly under consideration.

You will observe then, that the abnormal murmurs are heard most distinctly at the apex of the heart, a little above the ensiform cartilage and along the dorsal vertebræ. Now, when a murmur accompanying the first sound, is heard most distinctly at the apex of the heart, especially if its character be rough, I believe it indicates regurgitation through the mitral opening. When a similar murmur is heard on the sternum a little above the ensiform cartilage, louder than at the apex, it is almost invariably connected with regurgitation through the right auriculo-ventricular opening; and when it is most distinctly perceived at the upper third of the sternum or at the third costal cartilage, and particularly when it is conducted along the course of the aorta and into the carotids, it is occasioned by some obstruction existing at the commencement of the aorta.

Now, if these observations be correct, we cannot resist the conclusion that in the case of Hannah Flinn, there is double regurgitation—regurgitation through both the mitral and tricuspid openings, whilst there is no disease of the semilunar valves. But let us be a little more particular. I conclude that there is mitral regurgitation in the present case, not simply because a loud rough murmur is heard most distinctly at the apex of the heart, but also because this view is strengthened by other symptoms. And here we must not overlook the murmur which is very audible along the dorsal vertebræ, for this may be occasioned by mitral disease, as well as by disease existing in the coats of the aorta. The state of the pulse further corroborates this view of the case. Some persons, however, who place implicit reliance on the statements of Dr. Hope, whose excellent work on diseases of the heart I would not for one moment disparage, may be ready to question the accuracy of my diagnosis from the state of the pulse. The following are Dr. Hope's observations on this subject:—"When the mitral valve is contracted, and also when it admits of free regurgitation, the pulse is in various degrees small, weak, irregular, intermittent, and unequal. When either the contraction or the regurgitation is great, the whole of these characters are invariably present." Now, in the case before us, the pulse is small, quick, and feeble, but neither irregular, intermittent, nor unequal. At each visit since her admission the pulse has been felt, but its character has not varied. It is obvious, therefore,

either that intermittence and irregularity of the pulse are not necessarily connected with mitral disease, or that the present case does not furnish an example of this lesion.

Now, I maintain, that there is no necessary connection between irregularity and intermission of the pulse, and mitral regurgitation. These peculiarities often exist when there is no disease of the mitral opening, and they are frequently wanting where such disease is present. I believe that they do not depend upon any structural change, but rather on the state of the heart in reference to nutrition and innervation. But although mitral regurgitation is not necessarily accompanied by intermission and irregularity of the pulse, it must of course occasion feebleness, because at every ventricular systole, instead of the aorta being filled with blood, part of it is thrown back again through the patulous opening into the left auricle. Now, this is precisely the character of pulse which we have in the case of Mrs. Flinn—it is small and feeble.

Again, I have stated that there is regurgitation through the tricuspid opening as well as through the mitral. I conclude that this is the case, partly from the loudness of the murmur at the lower third of the sternum, partly from the presence of one particular symptom, and partly from the consequences which we shall presently consider.

When a loud rasping murmur is occasioned by disease on the left side of the heart, it is also heard by conduction in other parts of the præcordial region; but the distinctness with which it is heard diminishes in proportion as the stethoscope is moved from the immediate seat of lesion. Now, in the case of our patient, I consider the murmur to be too loud at the lower part of the sternum to be caused by the abnormal state of the left side. I believe, in short, that there is regurgitation through the right auriculo-ventricular opening, as well as through the left. I am strengthened in this view by the constant presence of jugular pulsation, a symptom which, so far as I have observed, always accompanies regurgitant disease on the right side.

It has previously been intimated that obstructive disease of the aortic valves would occasion a murmur with the first sound of the heart. I am of opinion, however, that in the present case the semilunar valves are not materially affected. I come to this conclusion partly from the diminished intensity of the murmur in the neighbourhood of the aortic valves, from the comparative feebleness of the sound along the course of the aorta, and from its absence in the carotids; and partly from the second sound of the heart being normal. If there were sufficient obstruction afforded by disease in the semilunar valves to occasion the loud systolic murmur, there would also be aortic regurgitation; the valves would not completely close the commencement of the vessel, and a murmur would consequently accompany or supercede the second sound.

In the last number of *Guy's Hospital Reports*, Dr. Barlow has intimated his belief, that a distended condition of the right ventricle may give rise to a systolic murmur, and that such distention may therefore be mistaken for mitral regurgitant disease. On this hypothesis I shall suspend my judgment till the appearance of the publication in which, "by a large induction of facts," Dr. Barlow hopes to establish the truth of his opinion.

2. *The Nature of the Affection of the Heart.*—On this branch of the subject I must be very brief, although it affords ample scope for observation. The two sides of the heart we know are not equally liable to disease; the left side much more frequently suffers than the right. Into the whole of the circumstances which produce this greater or less proclivity to disease in the two sides, it is impossible for me to enter in the present lecture: I can only remark that it is doubtless partly attributable to the different qualities of the blood which circulates through the several cavities. Regurgitation on the left side is generally met with in connection with a diseased condition of the mitral valve, the result, commonly of acute or chronic inflammation; whilst on the right side, so far as my own observation goes, regurgitation is most frequently owing to dilatation of the auriculo-ventricular opening, and is independent of disease of the tricuspid valve. In the case before us, I conceive we shall, in all probability, meet with these distinctions, provided our patient should die in the house.

3. *The Consequences of the Cardiac Affection.*—This is a very interesting subject, but I can only allude to two of the more prominent points which present themselves in the case we are considering.

In the first place we have cough and dyspnoea. We have already noticed these symptoms in connection with the condition of the lungs; but I must here remark, that even if there had been no structural affection of the lungs, the state of the heart is sufficient to occasion the disturbance which exists in the function of respiration. You will bear in mind that there is free regurgitation through the mitral opening, and consequently the left auricle is incapable of receiving the whole of the blood which is brought from the lungs by the pulmonary veins. Hyperæmia of the pulmonary vessels is the inevitable result, and this will necessarily give rise to cough and difficulty of breathing.

Secondly, there is extensive dropsical effusion. This symptom is very commonly met with in diseases of the heart, and may be regarded as an effort of nature to relieve the affected organ. In the present case I believe the effusion to be occasioned by the abnormal condition of the right side of the heart. In consequence of the regurgitation which takes place through the tricuspid opening, the right auricle cannot receive the whole of the blood which is brought to it by the large veins. The regurgitation, in fact, constitutes a virtual obstruction: and consequently general venous distention, operating in a retrograde direction, is occasioned; and this distention is relieved by the smaller vessels, pouring out the thinner portion of their contents.

The principal objects to be kept in view in the treatment of this case are to support the general strength; to allay excessive irritability of the heart, to promote the free action of the kidneys, and to relieve the abnormal condition of the pulmonary circulation. In what way these several indications are to be fulfilled, my present limits do not permit me to explain.

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

By GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of Ireland.

(Continued from page 35.)

DETAILS AND SUMMARY OF PRIVATE CASES.

To Mr. Chalmers, of Everton, I am indebted for the following particulars:—

Date of first case, 27th of October, 1844.

Date of last case, 10th of February, 1845.

Mild 30 Severe 32 Total 63

Age—From 3 years to 70 years.

Sex—Males, 21; Females 42.

Simple or essential—(at least presenting but slight abdominal tendency,) 25.

Complications—Cerebral and abdominal, mostly; cerebral, abdominal, and thoracic, 1; almost all the cases had some abdominal complications.

In one instance there was fistulous ulcer of the fauces, and ulceration of the mouth and lips, continuing all through the fever. Nitric acid was used beneficially.

In another, paralysis of the left side, presenting also difficult respiration from oppression of the brain.

A third exhibited inflammation of the elbow-joint, accompanied with relief of the head-symptoms; then suppuration came on with great discharge, lasting four days; it healed up at once.

A fourth presented synovitis of the right knee-joint, which, like the preceding, terminated in resolution. Iodine painting used.

In three cases a dangerous quantity of blood was passed per anum.

In one there was spitting of blood.

In one ulceration and discharge of blood from the back part of the nostrils and throat.

Deaths—Seven; of which the proximate or secondary cause was from—

Effusion into the brain	2
Previous chronic bronchitis	2
Recent bronchitis	1
Head, chest, and abdominal complication	1
Perforation of the intestine	1

The *post-mortem* appearances in this last were "perforation in five places and ulceration in as many more, extending from about six inches from the ileo-cæcal valve upwards for two feet."

Mr. Lewis reports, that the cases which passed under his observation, "varied much in their type and duration." I shall quote his own words further:—"I had four cases in one family, two of which proved fatal. Three of these were true typhus; the other cases were more properly continued fever. The symptoms they had in common, were mild delirium, disposition to sleep, much deafness, dryness of the skin, tremor of the tongue. No particular organ seemed to be especially affected—i. e., there was no uniformity in the complications. A serious relapse happened in one case after advanced convalescence, from eating a too hearty meal of cockles and tea. The duration varied from three or four days to four or five weeks; the convalescence was slow and prolonged.

With regard to treatment, I observed nothing that could serve as a guide in future cases. I believe a moderately stimulating and tonic plan was admissible in an early stage. I had no *post-mortem* examinations, but the 'tendency to death' in the fatal cases was by stupor and asphyxia."

Mr. Lewis observed perspirations early in the disease. The question arises, were these to be regarded as critical resolutions?

I am permitted to remark, that Mr. Bickersteth considered "very few of his" numerous "cases could be called typhus, but simple continued fever; they had no distinct peculiarities."

Mr. Bainbrigge, of Everton, had thirty cases of well-marked character, two of which became typhoid, but were not fatal. Rigor, furred moist tongue, and severe pains in the head and neck, were the general features. The pulse would be from about 84 to 96 at first; then in three or four days extreme depression would usually supervene, requiring stimulants. Afterwards, sooner or later, a stage of reaction or excitement would follow, accompanied with diarrhoea, and a glazing, cleaning, and cracking of the surface of the tongue. Crisis in some cases either by diarrhoea or some other evacuation. The low delirium, associated with watchfulness, was also notably present in the generality of instances, though the patient was capable of being roused to consciousness on being energetically addressed.

Convalescence was usually tedious; in one instance coupled with a loss of memory of names. In another instance a girl relapsed, and bloody stools appeared, which were checked by matico. Mr. Bainbrigge's own experience was in favour of the compound chalk and opium powder when diarrhoea existed, in preference to Dover's powder. He was enabled to cut short some of the commencing attacks by emetics and a dose of calomel.

Mr. G. B. Denton, of Everton, has favoured me with the following statement as the result of his experience.

Everton and Kirkdale:—The majority of fever cases were situated on the higher part of Everton, a few under the brow of the hill, and sheltered from the east. No cases occurred in courts, and in almost every instance there was the greatest cleanliness existing in the family, and nothing in the immediate neighbourhood to engender fever.

The ages of the fever patients were:—

Under 10 years		9
From 15 years to 20	"	3
" 20	" 25	3
" 25	" 30	6
" 30	" 35	3
" 45	" 50	3
	63	1

The last four cases were very severe ones; my two worst were at the ages of 29 and 32.

Sex.—Females, 22; males, 6.

Symptoms.—The cases that came under my notice were two of low typhus, commencing with great depression of the nervous, and scarcely any excitement of the vascular system. In the one case the temperature of the skin was not increased; the pulse was exceedingly rapid and weak; at times there was great

excitement of the brain, but generally there was a restless muttering delirium; the tongue dry, brown, and tremulous, (this tremor was general throughout the muscular system;) sordes appeared at a very early stage of the disease; the stools were passed involuntarily, and of a very offensive character. This patient died on the eighth day, and for two days previously there was great congestion of the face, with profuse sweats. This was the only death that occurred among my fever cases, and of this no *post-mortem* examination was made. The patient had been in very delicate health for two years previous to the attack of fever.

The other case of low typhus presents no great peculiarity; there was great depression of the nervous system; very haggard anxious countenance; no delirium; a tendency to diarrhoea; tympanitis; no tenderness of abdomen. As the fever subsided hernia humoralis came on.

Six cases terminated in typhus, but commenced with disturbance both of the vascular and nervous systems, which assumed a remittent form for a day or two. Two of these were very severe cases. One case was attended with great gastric irritability and tympanitis; there was no tenderness of abdomen; this patient was two months before she could stand, and suffered severely from bed-sores. Five cases occurred in a manner similar to the preceding, and remained for about three weeks very ill with continued fever, without any symptoms of decided typhus.

Fourteen cases that commenced much in the same way improved after the first four or five days, and for the next week or fortnight, debility, quick pulse, white tongue, and occasional flush, were the only characteristics of the complaint. These patients felt very well in the recumbent posture, but were quite unable to sit up. One patient of this class who, in spite of her own feelings, sat up during one day, was seized with violent delirium at night, and typhus continued for some days.

The only symptoms that I may say were common to all these cases were, prostration of strength, depression of spirits, loss of appetite, quick pulse—average 120, and furred tongue. In most cases there was pain in the head and back, together with aching of the limbs; the pain in the head seldom continued more than a day or two. There were several cases which commenced without rigors; the temperature of the body was seldom much increased after the first few days; and in some cases there was moisture over the surface. I did not observe petechia in more than two cases. Restlessness and absence of sleep generally occurred for the first few nights, after that period sleep returned; very few suffered from delirium, more from disturbed dreams, but the majority were free from either. The countenance in some cases was haggard and anxious, but in many this great characteristic of fever was but slight. In the first eight cases the tongue was dry, brown, tremulous, and sometimes cracked; sordes appeared about the teeth; in the other cases the tongue was neither brown nor tremulous, frequently moist, and no sordes. The pulse, with the exception of one or two cases, was quick, and did not vary much; but in one case where sudden sinking came on at two different times without any apparent cause, powerful stimulants were required to keep the pulse steady. In the majority of cases the secretions were not much affected;

there was little thirst, and in only one case was there vomiting; in no case was there actual diarrhoea, although in many cases the bowels acted without aperients, and frequently opiates were administered to prevent diarrhoea. Constipation often occurred. I had no case of hæmorrhage of the bowels. I was often struck with the bulky evacuations after the fever began to subside, although at the commencement of the attack I had considered the alimentary canal to be fully cleared, and the patient had taken little nourishment in the interim. Hiccough only occurred in one case, and was not a fatal symptom, although the patient was 63 years of age.

Complications. Two, thoracic, pleurisy and bronchitis; one, abdominal; one, cerebral; one, hernia humoralis. In the cases of two children I observed a cluster of vesicles on the back of the wrist, as the fever was subsiding.

Date of 1st case, Nov. 12th; of last, Dec. 26th.

From Nov. 12th, to Nov. 18th, fresh cases 15

" " 19th, " 25th, " 7

" Dec. 8th, to Dec. 26th, " 6

The treatment I adopted was, in the first instance, to clear out the alimentary canal generally with calomel and James's powder, followed by salts and senna, unless there was diarrhoea or tenderness of the abdomen. According to the nature of the case I gave simple effervescent salines, in combination sometimes with chloric æther or tartar emetic, but very rarely the latter, as I found it could seldom be borne, especially by children. I gave mild aperients when the bowels were confined, and where there was irritability of the mucous membrane I ordered injections instead. I gave Dorer's powder or henbane and morphia at night if the patient was restless, but seldom found it necessary to prescribe them; when the bowels, were too open I ordered an injection of starch and laudanum, or an opium suppository. I always admitted plenty of fresh air into the sick room, and in one case where symptoms of typhus were threatening, removal to a large room quite checked them. In very few cases I found it necessary to give wine; but where the pulse was rapid and the tongue dry and brown, it invariably checked the one and moistened the other. Camphor in one case produced most striking relief in checking subultus tendinum. I tried tonics in two cases where there was only debility with quick pulse, and white tongue, but they could not be borne. In two protracted cases of fever I found small repeated doses of quinine and morphia to agree very well. I may say my main treatment consisted in supporting the system where it could be borne, and attending very closely to the pulse, and giving stimulants accordingly.

I cannot say that my observation enables me to give any report of the fever modifying other diseases. Acute amenorrhœa, from exposure to cold, ended in this fever. I would also state, that in several cases of fever there was a periodical return of the catamenia, and that in two of my worst cases it came on within the first week of the attack.

I would draw your attention to the fact, that in one house there were four in one family, besides a servant and a nurse, attacked with fever. As regards the question of contagion in the family, I would mention that two cases occurred simultaneously, the third two days afterwards, and the fourth the day fol-

lowing; a month elapsed before the other two cases commenced. Fever, many years since, occurred in the family when four were very ill with it, and two died. This year three of them had it so badly that one died, and I despaired of the other two; the fourth had it mildly; she had had it previously, and then of a mild character. In another house a servant was taken ill with fever one day, and the lady of the house the next. I had only two other instances of more than one being ill with fever in the same house.

Mr. Long has seen eight or nine cases presenting cerebral complication. One case died on the fifth day collapsed; there was muttering delirium or incoherency, and watchfulness at night, for which morphia was given.

Mr. Ellison observed more complication of the respiratory system than of the digestive, associated with muttering delirium. The majority of his cases occurred in the middle or upper part of the town. At the Blue Coat School, to which he is attached, there occurred forty cases.

Presented a typhoid character . . .	2
Bronchitis	2
Pneumonia	1
Severe gastric symptoms	2 or 3
Hæmorrhage from the bowels, tenderness over the ileo-cæcal region	1

At the Borough Gaol, (situated at the north end of the town, near the docks,) Mr. Archer, the surgeon, had only had one case, which was sent from the fever-wards.

Mr. Blackburn saw two cases of mania, apparently attributable to the epidemic.

(To be continued.)

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

(Continued from page 14.)

POSTSCRIPT TO INFLAMMATION.

The perceptions thus excited in the brain by impressions, and the sensations experienced in the parts impressed, are not effected by simple reflex, but by circular currents, as above described. The most familiar instance adducible, is seen in the centrifugal sensations, which compression of the ulnar nerve at the elbow occasions in its trunk and branches. The conditions of sensation thus excited, having reached the terminal branches, the impression is conveyed in the opposite direction to the brain by means of the incident tract. By continuity of organic grey fibres between the sensorium and the seat of the conditions of sensation, the sensation itself is experienced in its true place. The circle is explained by the conjunction of the organic and tubular fibres in the same nerve, and by the mode in which these fibres terminate, both at the brain and in their ultimate divisions, viz., by anastomosing loops.

The persistence in the mind, of the original consciousness of a limb which has been lost, does not militate against this theory of the reality of local sensations. It is to be remembered, that in the truncated nerve,

every fibre which once extended into the limb is present; that the organic or true sensitive fibres among them being continuous with the sensorium, and forming the tract of its consciousness, it is impossible that it should be excited into new forms of consciousness. In order to render the individual unconscious of his limb, it would be necessary for the old impression to be supplanted. The consciousness of a limb, though originally excited after the manner of common sensation, becomes a central feeling independently of its source. This cannot be corrected by new conditions of sensation, between which and the brain there remains no communication. The organic and incident fibres do not anastomose in the trunk; the circle is therefore incomplete. Hence the impossibility of the impression of lost parts being conveyed to the brain, and of consciousness being corrected. The incident fibres in this case cannot reveal the true state of things, as their office is simply incident in connection with organic fibres, from which they take all impressions relating to sense.

An instance of the rapidity of nervous currents is seen in amputation. In dividing a nerve the division of the organic filament is announced through the entire circle of the nerve, before the knife touches the incident tract, the distance between which and its allied tract, it demands the highest powers of the microscope to display.

No view of the nervous system has proved itself hitherto competent to explain on one principle the numerous actions and combinations of nervous power. Any theory capable of embracing so extensive a range of phenomena must prove beneficial to science, but especially to the art of diagnosis. The views, which the writer adopts, as alone capable of explaining nervous action, are based on the study of comparative neurology; a science calculated to throw ample light on the nervous functions in man.

The following additional subjects require to be treated of.

1. Radiation of sensations. 2. Sympathetic pains. 3. Convulsions from intestinal irritation. 4th. Retrograde actions of the spinal marrow. 5. Sympathetic convulsions of a local character. 6. Erectility. 7. Direct involuntary movements. 8. Influence of emotion on paralysed muscles. 9. Influence of passions on the viscera. 10. Sympathetic capillary actions, (metastasis.)

(1) "Occasionally it happens," writes Müller, "that one sensation excites another, or that sensations in disease extend to parts not actually affected—thus, the tickling sensation in the nose, excited by the influence of a strong light on the eyes, the extensive sensations arising from the excitement of a limited spot by tickling, the general sensations consequent on the irritation of the organs of generation in coitus, are of this nature; as are also those excited by the near and startling report of a gun, and the sensations of trickling of water over the surface, and of shuddering, caused by hearing certain sounds, such as the scratching of glass, or by biting sandy substances. The pathological phenomena of this kind are, however, much more numerous; for example, the toothache extends from the situation of the irritating cause over the whole face; pain in one finger extends to the hand, arm, and the other fingers, without our being able, in all cases, to suppose that the morbid cause has been communi-

cated to all these parts. The radiated sensations are more especially extended when excited by a tumour of a nerve, as in a case related in the *Medical Gazette* of 1834. "After amputation of the thigh, a swelling formed in the ischiadic nerve at its extremity, where it was also firmly united to the cicatrix and bone; here the skin of the entire stump, and sometimes even distant parts, such as the integuments of the abdomen, became affected with severe pain, without inflammatory symptoms; the stump being amputated at a higher point, the pains did not return."

Of these and analogous phenomena Müller offers two explanations. The first suggests that sensations produced at one part, may be reflected back on another, by means of the ganglia; the second supposes that the reflection takes place in the brain or spinal cord. Thus whether at the ganglia or cerebro-spinal axis, the radiation of the irritation from the fibres primarily affected, falls upon the roots of other fibres not affected in the first instance; just as in the production of the reflected motions the impression conveyed by the sensitive nerves to the spinal marrow is communicated to motor nerves.

Müller's hypothesis is too general to explain the phenomena of radiated sensations in detail. The instance of neuroma of the ischiadic nerve exciting abdominal sensations, cannot be considered as a simple reflex spinal act; and the analogy brought forward of reflex motor acts renders no assistance in the solution of this difficult problem, inasmuch as in the instance under discussion the course of the sensation is in the ascending direction of the spinal marrow, it being reflected on the abdominal parietes; a direction in which motions are propagated, as discovered by Dr. Marshall Hall, but of which no explanation is made. The one, therefore, receives no illustration from the other.

The writer has already urged that sensitive currents have a centripetal direction as well as motor; but here is seen the sensitive as well as motor current apparently centripetal. The direction of these, and mode of propagation being the same, their simultaneous production, owing frequently to one and the same cause, renders it desirable to consider them in the same group. This will consist of (1) radiation of sensations, which includes (2) sympathetic pains; (3) convulsions from intestinal irritation, &c.

Convulsions arising from the presence of irritating substances in the intestines, are inexplicable on any existing theory. The irritant excites the incident nerves which proceed through the immediate ganglia of the sympathetic nerves to the spine; its action, inordinate in degree, is not carried through the sympathetic system generally, as is the case from the more prolonged operation of the natural exciters of that nervous system. It passes to the portion of the spine whence the contiguous ganglia derive nervous fibres directly. But this very fact gives rise to a difficulty, for if the lower portion of the spine is the seat of incidence, how does the reflex act bear upon the muscles of the face, orbit, and upper extremities? Here the phenomenon, first noticed by Dr. Marshall Hall, and called by him a retrograde action of the spinal cord, comes into force. Dr. Hall allows that this subject is involved in the greatest obscurity.

It will be shown presently that this retrograde action

is explicable only on anatomical grounds; but before proceeding to the analysis, an instance will be adduced of a retrograde action of the cord in the simultaneous production of sensation and motion, in parts deriving nerves above the seat of excitation.

The forcible closure of the sphincter ani and sphincter vesicæ, maintained and increased through the interval of a few seconds, produces shuddering, by which the pectoral muscles contract involuntarily, and sensation is generated not only down the legs, but throughout the trunk. Here is an instance of reflex motion being generated through an impression conveyed by incident nerves to its lowest extremity, and propagated to the upper portions of the spine, giving rise to the movements described as well as to sensations propagated in a retrograde direction in relation to the spinal cord.

It has been already urged that sensation is centrifugal only, and that no law of the nervous system can warrant the admission of the existence of opposite currents in the same nervous fibres. How is this difficulty to be met? There is but one method—an appeal to anatomy.

It will be found hereafter, whatever doubts may be started in the present day, that comparative anatomy is the only key to the analysis of the spinal cord. What is the result of Stilling's researches on the spinal cord of man, but proof of this fact. The transverse fibres met with in the cord are indisputably the analogues of the transverse filaments seen in the *Talitrus Locusta* for example, which possesses two separate cords studded with ganglia at regular intervals, and connected with each other by transverse filaments which pass from opposite ganglia. That these simpler forms are not lost, although merged in the higher ones, is proved by the development of the cord in the *Sphinx Lignastri*, as observed in its larva, pupa, and perfect state. Here is seen in the caterpillar state the ganglia of the cord at regular intervals, and its lateral halves distinct. In the pupa state the cords shorten by becoming sinuous, finally straight; the cephalic ganglia enlarge, as well as the second and third, which supply the wings with nerves; while the fourth and fifth coalesce. These changes coincide with increased demand on the functions of the nervous system. This is especially seen in the cephalic ganglia of the imago or perfect insect.

This development of rudimentary spinal marrow in the midst of a gangliated cord, consists not in the obliteration of the primary ganglionic form, but in additions to it; the mode of action of the more perfect form is not altered, though more complicated. The ganglionic offices persist, though others may be superimposed.

(To be continued.)

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 4, 1846.

We last week announced the official information of the withdrawal of the fourth Medical Bill, as communicated by Sir James Graham to the deputation of the National Association of General

Practitioners. Whether the Right Honourable Baronet intends again, on a future occasion, when the more pressing business of the country shall admit of it, to take up the subject, does not appear. From the language in which his communication was made we think it questionable.

Under these circumstances, and taking into consideration also the conflicting opinions of large and influential parties in the profession, we are disposed to think that were attention turned to the improvement of our medical polity in such points as the general consent of all its members, or at least of the very large majority of them, may be obtained, we shall not only meet with success, but ultimately, perhaps, attain the same objects as those we have been lately struggling for. There is no reason why, if we cannot obtain all that we may desire or seek, we should therefore refuse what comes within our reach. "*Ibant altius qui nitentur ad summa*" is a good maxim, but the attainment very rarely reaches the full completion of the object aimed at; and as in the present instance it seems impracticable, it becomes the part of a sound policy to strive for and accept what is truly within our reach.

One of the first objects, as it appears to us, should be the registration. A general register of all qualified practitioners, including under that term the graduates of British Universities and licentiates of the several colleges and corporate bodies in the three divisions of the United Kingdom, and excluding all others, with a clause securing to those on the register the right to practice in all parts of her Majesty's dominion, and the sole appointment to public offices, would be of material benefit to the medical profession. It would mark those who are sufficiently qualified and entitled to the confidence of the public—would point out who are fitted for the public service—would interfere with no existing rights, or at least with none which are recognized—would probably be agreed to by all parties,—and, lastly, would form a groundwork on which ulterior measures might hereafter be based.

The improvement and regulation of medical education might form another independent object for legislative enactment, on which there would probably be little difference of opinion, and other measures might, in like manner, from time to time be brought forward and adopted, to be afterwards consolidated into one general and harmonious system, when circumstances shall once again allow of the subject receiving the full attention of the government and the legislature.

The registration, however, should be the first object, and might at once be entered upon. The more simple the plan the better. It should embrace merely the name, the qualification and its

source, and the residence of the parties; an annual publication of the record; and the declaratory clause we have indicated, to secure to all who are upon it the rights and privileges of legally qualified practitioners. The requisite forms for a bill to be introduced on the subject might be at once drawn up, and the measure itself confided to Sir Thomas Wilde, Mr. Macauley, or any other member of the House, who would take sufficient interest in the subject to see it through its several stages.

On Scarlatina and its Successful Treatment, by the Acidum Aceticum Dilutum of the Pharmacopœia.
By ISAAC B. BROWN. London: 1846. post 8vo., pp. 66.

The aim and intent of this small volume is to recommend the employment of the diluted acetic acid in scarlet fever. The author, as he states in his preliminary remarks, had lost a child, and nearly at the same time several patients from this severe disease, and from the unsatisfactory results of the treatment pursued in these cases, was led to reflection on the subject, and ultimately to the adoption of the remedial measures herein advocated. Since this period we are informed he has treated "some hundreds of cases," and during that time, "at least six years," has never lost "a single case" when he has seen the patient in the first stage, and when his treatment has been fairly carried out.

Without entering into any examination of his theory, which is questionable, the success claimed for the remedy is sufficiently remarkable to warrant the trial of it by others. The dilute acid is given, combined with syrup and distilled water, in doses of half a drachm to a child under three years of age, increasing the dose with the age of the patient, the bowels having been previously operated upon by a sufficient dose of calomel, followed by castor oil, or some other appropriate aperient. Counter-irritation, by means of a stimulating liniment or mustard cataplasms, is applied to the throat, and a solution of nitrate of silver, (ten grains to the ounce,) internally to the fauces. Blisters are forbidden, as positively injurious.

How far this method may prove successful in the hands of others, and in other localities, or other epidemics, remains to be proved. It is, however, rational, and sufficiently simple; and looking to the nature of the malady, to the fearful ravages which not unfrequently mark its progress in the more severe epidemics, and to the often unsatisfactory results of other modes of treatment under such circumstances, Mr. Brown's recommendation deserves, we think, a fair trial.

The Retrospect of Practical Medicine and Surgery, &c. Edited by W. BRAITHEWAITE, Surgeon to the Leeds General Eye and Ear Infirmary, &c. Vol. XII. July—December, 1845.

A decided improvement on the preceding volumes, containing a larger amount of practical matter, the arrangement of which is much better than on former occasions. The condensed retrospect, or abstract, formerly given is discontinued, and with advantage, as the space before allotted to it was too limited to allow of its answering the purpose for which it was intended.

The London Medical Directory. 1846.

This useful work is enlarged and improved by the addition of several matters of interest, among which is a supplemental list of persons practising in or near London, whose qualifications are of a doubtful description, or do not admit of verification.

We should be glad to see a Medical Directory for the provinces constituted on similar principles; for the metropolis this leaves little to be desired.

BIRMINGHAM PATHOLOGICAL SOCIETY.

December 6th, 1845.

W. H. PARTRIDGE, Esq., in the Chair.

This meeting was devoted to the consideration of a subject of the greatest importance to gentlemen interested in the study of pathology, namely, the merits of the invention of Dr. Felix Thibert, for modelling preparations of pathological anatomy, which Robert Knox, Esq., M.D., F.R.S.E., late lecturer of anatomy at Edinburgh, and Curator of the Museum of the College of Surgeons, of Edinburgh, had kindly promised to bring before the members.

The members of the Society had been specially invited the meeting, and the profession generally, by advertisement.

Dr. Knox brought before the Society the difficulties he had experienced from various circumstances in the formation of museums of pathological anatomy; the immense expense in the first onset from the purchase of spirit, glass, &c.; the impossibility of preserving the colour, upon which very many of the pathological characters depended; the impediments to properly examining a specimen, however well put up in spirit, from the optical delusions which occurred from the refracting media through which it was seen; and the necessity, in many instances, of a more close examination of the specimen being required, in which the preparation must be taken out of the glass, and the expense of putting it up again incurred. Dr. Knox then compared the models, of which he exhibited numerous very excellent and faithful representations of disease, with wax models and drawings, in order to prove their superiority; and after a lengthened address, which was listened to with interest by a very numerous meeting of medical gentlemen of Birmingham and its neighbourhood, Dr.

Knox answered many questions put to him in illustration of the advantages of the invention. It is needless to go into further particulars of these statements, as they are fully contained in Dr. Knox's report, which, together with others by M. M. Andral, Cruveilhier, Breschet, Dumeril, Majendie, Serres, Roux, Larrey, De Blainville, Savart, Double, Payen, Guerin, Chevalier, Bussy, Velpeau, &c., has been published by Dr. Felix Thibert, in a catalogue of the collections of models of pathological anatomy. This catalogue is delivered gratuitously at the Museum, 29, Bridge House Place, Newington Causeway, London, to all applicants who are interested in the subject of pathological anatomy. Dr. Knox stated that the museum was highly worth the attention of the medical profession, and requested its members to visit it whenever an opportunity occurred.

ANECDOTA BODLEIANA: UNPUBLISHED FRAGMENTS FROM THE BODLEIAN.

(Continued from page 44.)

LETTER FROM DR. GOODALL TO SIR THOMAS MILLINGTON.

The most considerable accident which happened this season was the most sudden and surprising death of that great and eminent peer, the Earl of Kent, the true and full history of whose case is the following. His Lordship came very well to Tunbridge Wells, and continued so for about twelve days. He used no manner of exercise while he staid, but only walking after morning prayers, for one hour or two, and sometimes after evening prayers, or on the bowling green at Mount Zion. On his Lordship's last and fatal day, I walked with him from the chapel two or three turns on the walks; he then made an appointment to meet at five in the evening to play at bowls, which he had not done before, nor drunk the waters during his continuance with us. I went at the time appointed, and found my Lord on the green before I got thither, engaged in bowls (if I mistake not,) with the Lord George Howard, Lord Kingsale, and Sir Thomas Powis. I gave him an account of some news of which he had not heard, which occasioned some discourse betwixt us; then he went to his bowls, and played (I suppose,) two or three games. I went to the other end of the bowling green, and played one game and part of a second, when on the sudden there was a cry, "A Lord is fallen!" "A Lord is fallen!" "a surgeon!" "a surgeon!" upon which I left my bowls, and ran up to his Lordship, and found him dead on the ground, he having neither pulse nor breath, but only one or two small rattlings in the throat, his eyes being closed. However he was bled immediately on both arms to the quantity of ten or twelve ounces, as computed. In the meantime [I] put up the strongest snuff and Spiritus Salis Armoniaci into both nostrils, and ordered two ounces of Vinum Benedictum to be brought with all speed. The apothecary (Mr. Thornton) sent for three ounces, which he poured down his throat, not spilling one drop. As soon as this was done we carried my Lord (in a chair,) off the bowling-green through the dancing-room into a very sorry bed-chamber, one pair of stairs. I supported his Lord-

ship's head (which otherwise would have fallen on one side, or backwards, or forwards,) with my hands and breast, till he was placed on a bed in a little room; when this was done, I cried out for a surgeon to apply six or eight cupping glasses to his Lordship's shoulders with deep scarification; but no surgeon or apothecary (although one of the former and one of the latter were present,) had any, neither was there any to be had on the walks, (as was answered by the surgeon or apothecary present,) nor could have been procured if the Queen's life had lain at stake on Tunbridge Wells. When I found myself thus unhappily disappointed, I ordered his head to be shaved, and a large blister to be applied to capiti raso, as also another to the breadth of neck and shoulders. At the same time I sent for two or three ounces Tinctura Sacra (?) mixed with two ounces of Syrupus e Spina Cervina, which I poured by spoonfuls into my Lord's mouth and throat, all which passed into his stomach.

After this was done, the news of this misfortune reached the walks, so that Doctor Branthwait came to my assistance, who proposed the giving Sp. 6. (!) in a proper julep, which was done. Then Doctor West came, who advised a frying pan made red hot to be applied to the head, (the blister being taken off during the time, and after put on;) however there appeared not the least breath, pulse, or life in my Lord, (though one or two physicians thought that there was some little unbrage thereof, or at least micatio pulsuum,) so that in short we had very slender hopes of his Lordship's case, or little or no encouragement from any application used.

The room in which my Lord was laid was so crowded with lords and gentlemen, (as particularly the Lord George Howard, Lord Fanshawe, Bishop of Gloucester,* (his Lordship's tutor,) Sir Thomas Powis, Sir William Scowen, etc.,) that I was forced to request them to walk into another room, (lest my Lord might want the benefit of air,) and to suffer none but necessary attendants to tarry with him.

When all these things had been done, (as related,) the Bishop of Gloucester obliged me to wait on him to my Lord's beloved daughter, who lodged near Southborough, (about one mile from the Wells,) who had heard nothing of this sudden, unexpected, and surprising death of her most dearly beloved father. She was (as must be imagined,) upon the hearing of this news in a very great passion, crying out, "Is my Lord dead? is my Lord dead? tell me, my Lord, plain truth;" which being owned by the Bishop that his Lordship was dead, and of an apoplexy, she asked him whether cupping-glasses had been applied, and resolved to go to her dear father. But that being prudently prevented, she positively told the Bishop that she neither could nor should be satisfied unless her father was brought to his own lodging, which was both promised and performed, it being my judgment that the motion of the coach, with the warmth of my Lord's servant, who kept his body in an upright erect position by grasping him round the waist, might conduce to the operation of the vomit and purge which had been given him some hours before, if there was the least warmth or life left in his stomach or bowels, which might be so, though indiscernable to us. In short it was desired by the Bishop of Gloucester that myself and Dr. Branthwait,

* Edward Fowler Bishop of Gloucester, from 1691 to 1714.

(with a surgeon and apothecary,) might attend his Lordship to his lodgings, and do what further we thought fit, which was accordingly done, and as soon as his Lordship was put into his warm bed we ordered several pipes of tobacco thoroughly lighted to be blown up the anus, which we thought might be of use, when we could not have the advantage of tobacco glysters. After this was done, upon a suggestion of Sir Edmund King's, the bowels of a sheep killed in the house were applied to his Lordship's stomach and belly, but all without the least success, though we were reasonably encouraged to make use of all proper remedies in so great a case, many apoplecticks having come to life a considerable time after they appeared dead to all human sense.

Thus fell this great and noble peer, much lamented by all who knew his Lordship.

His case was so sudden and surprising, that some were of an opinion that his Lordship did not die of an apoplexy, but of a syncope, or imposthume; asserting, that, if his Lordship had died of an apoplexy, his death would not have been so sudden, but pulse and respiration would have continued at least some time; but neither of these opinions I could embrace for the reasons following:—

As to a syncope (to which some persons imputed the sudden death of his Lordship,) it could not be the cause thereof, because they who die of this distemper have either suffered immoderate profusions of blood, or great evacuations, whereby the blood and spirits are so weakened that Nature cannot supply the animal and vital faculties, or are seized with a polypus cordis, or else emaciated to that degree that their spirits are so exhausted, that Nature is forced to succumb; 'tis true, that we have here and there an extraordinary case, where some persons die as it were in a moment, upon some sudden surprising news of the death of a near and dear relation; or from some extraordinary and unreasonable exultation of joy: in the former of which the spirits are so depressed, eclipsed, or clouded, that Nature cannot supply a sufficient quantity to perform their due offices, but for want of them the persons die on a sudden. In the latter, the spirits are so elated, and the exultation of joy is so great, that they cannot be kept within the due bounds and conduct of reason; but press in such a quick and violent torrent through the nerves in the heart, lungs, and animal parts, that they are dissipated in a moment, in a polypus cordis. I own sudden death must necessarily ensue from the sudden coagulation and stagnation of the blood, whereby its circulation is totally obstructed and the heart rendered immoveable.

They who assert that his Lordship died of an imposthume, did not well consider the nature and cause of that distemper; for where that is found the cause of any person's death, there ordinarily precedes some contusion, fall against, indisposition, head-ache, or the like symptoms, which generally are very troublesome and painful, though in the slightest imposthumes. Besides, an imposthume of this sort must have required length of time to collect such a plenty of matter as was capable to depress the brain to such a degree as to cause a fatal or total apoplexy; there must likewise have been great and long complaints of dulness and heaviness, as well as a continual load or weight, and

obtuse pains, &c., none of which symptoms were observed or complained of (in the least degree) in my Lord's case, he being in a perfect state of health before he came to Tunbridge, and whilst he continued there, and in his natural constitution was very healthful and temperate in his living, as well as careful to maintain that happy constitution of health with which God had blessed him.

The truth is, they who propagated the opinion of his Lordship's dying either of a syncope or imposthume, had not allowed themselves time to consider the nature of an apoplexy; for, had they done it, they would have distinguished betwixt a total and partial apoplexy: in the former of which I conceive that there is a breach of the largest vessels, (I mean the carotid and vertebral arteries,) which convey the blood into the membranes of the brain, by which means the brain is (as it was,) in a moment oppressed and drowned with a load and weight of blood, so that the nerves, which derive their original from the same, can convey no spirits to supply either animal, vital, or natural faculties; whereupon, whoever is thus affected, must necessarily die upon the spot, without either pulse or respiration. 'Tis true, in a partial apoplectic paroxysm, such as lethargick, comatose, and the like affections of the brain, the persons affected do not only retain their breath and pulse, but may likewise open their eyes, give a rational answer—nay, recover out of those fits, and live some years after, as was observable (if I mistake not,) in the late Archbishop Tillotson. But if a third fit attacks them, it proves mortal, as the great Hippocrates wisely observed, and so it did in that renowned and learned prelate. But then in these and the like cases I do suppose that neither the quantity of blood which is [extravasated in] the brain is so great and ponderous, neither are the same vessels affected as in a total apoplexy; but rather some small arterioles or branches of the greater arteries, whereby neither breath or pulse are much obstructed, (the vital faculties not being affected,) and the extravasation of the blood being so little and inconsiderable, that by phlebotomy duly administered, cupping glasses applied, [&c.] the patients affected may be as happily cured, as when the blood is extravasated in quinsies, pleurisies, contusions, and other inflammatory diseases; but in total apoplectic paroxysms, (as I before observed,) the patient is (as it was,) planet-struck, or knocked down by a club, or butcher's axe, never more to move hand or foot after.

Your humble servant

CHARLES GOODALL.

THE BENEVOLENT FUND.

We have been requested to give insertion to the following letter from Dr. Radford, of Manchester, to the Treasurer of the Benevolent Fund, and we would take the occasion to remind such of the members of the Association as are interested in this branch of its proceedings, that a very little exertion only is now required to bring the reserve fund up to that point, at which it will become effective for the granting of small annuities.

Manchester, January 29th, 1846.

Sir,—Some inexplicable delay in the delivery of a note, sent some time ago by Dr. Streeten to apprise

me of your return home, has prevented me writing to you sooner, to state the grounds on which I promised to give one hundred pounds to the Benevolent Fund of the Provincial Medical Association. My wish and object in this act is to encourage the establishment of a permanent fund for the relief of our necessitous professional brethren, and, in as many cases as possible, also those who must inevitably be participators in their distress and poverty. I therefore determined to make it a *sine qua non* principle, that this sum should be invested in some approved security, and that the interest should alone be applied to the uses of this Society; and I also further wish it to be understood, that if at any time unforeseen causes occur which will destroy the existence of our Association, (a result which I earnestly hope will never happen,) this amount is returned to me, in order that I may again apply it to some other benevolent purpose.

My subscription has been ten shillings per annum but I wish to increase it to twenty shillings.

If you will be so good as to inform me through what channel I must send you the amount I shall feel much obliged.

Yours, most respectfully,

THOMAS RADFORD.

To Dr. Conolly, near Cheltenham,
Treasurer, &c., of the Benevolent Fund of the
Provincial Medical and Surgical Association.

PREMATURE INTERMENT.

It is stated that the cases of premature interment in France, prevented by fortuitous circumstances, amount, since the year 1833, to 94. Of these, 35 persons awoke of themselves from their lethargy at the moment the funeral ceremony was about to commence; 13 recovered in consequence of the affectionate care of their families; 7 in consequence of the fall of the coffins in which they were inclosed; 9 owed their recovery to wounds inflicted by the needle in sewing their winding sheet; 5 to the sensation of suffocation they experienced in their coffin; 19 to their interment having been delayed by fortuitous circumstances; and 6 to their interment having been delayed in consequence of doubts having been entertained of their death.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

VOLUME OF TRANSACTIONS.

The members of the Provincial Medical and Surgical Association are respectfully informed that the fourteenth volume of the Transactions of the Association is now nearly ready, and will shortly be issued. Those gentlemen who have not paid up their subscriptions for the last year, are requested to forward them, either to the Treasurer of the Association, Dr. Hastings, or to the Secretary, as the volume cannot be supplied to members whose subscriptions are in arrear.

ROBERT J. N. STREETEN,
Secretary.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, January 22nd:—Thomas Benjamin Home, Basingstoke; Thos. Brooks Bumpstead, Langford; Richard Penrose Bell, Yorkshire; Samuel Gibbon, Kettering, Northamptonshire.

OBITUARY.

Died on the 11th instant, aged 56, Edwin Harrison M.D., Physician to the Marylebone Infirmary.

We regret also to announce the death of Dr. Alexander John Hannay, of Glasgow, "an event which," to borrow the words of a respected contemporary, "has shed a deep gloom throughout the wide professional circle in which he moved, and among the numerous friends and well-wishers whom the many excellencies of his character had drawn around him."

ERRATA.

In the last number, at page 44, col. 1, line 31, for "Prigeau," read Prujean; line 32, for "Maydon," read Mayerne.

TO CORRESPONDENTS.

Communications have been received from Dr. J. C. Badeley; Mr. J. E. Wood; W. A. G.; Mr. C. R. Bree; Dr. Cotton; Dr. Fife

The Militia.—A Correspondent, who is a member of the London College of Surgeons, and a Licentiate of the Society of Apothecaries, is informed that Medical Practitioners are not named in the Militia Acts among those who are exempted from service.

It is doubtful whether members of the London Colleges of Physicians and Surgeons are exempt. As the question is one of considerable interest to the profession, we quote the following observations given by one of our Contemporaries on the subject:—"By the statute 32, Henry VIII., c. 40, physicians are however exempted from watch and ward; and though the question has never yet been decided, it seems extremely probable that the exemption extends to militia service, in the case of all physicians residing in London and its suburbs, and belonging to the college either as Fellows or Licentiates. By the statute 32 Henry VIII., cap. 42, all the members of the College of Surgeons are exempted from 'bearing of armour,' or being put to any 'watches or inquests,' and the only question is whether this exception does not extend both to service personally and by a substitute. This, however, is another legal point undecided. Apothecaries have no exemption of any kind, either by their own Act of 1815, or by the Militia Acts."—*Medical Times*.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princess Street, Soho.

TEXT BOOKS FOR STUDENTS.

"The beautiful series of Manuals now in course of publication by the enterprising Publisher, Mr. Churchill."—*British and Foreign Medical Review*.

"Very handsomely got up, as, indeed, are all Mr. Churchill's publications; the engravings are remarkably well executed."—*Dublin Press*.

"Paper and print are of the most beautiful description. Indeed, no one is more distinguished for the elegance and *recherche* style of his publications than Mr. Churchill."—*Provincial Medical Journal*.

A MANUAL OF CHEMISTRY. With numerous Illustrations on Wood. Fcp. 8vo., cloth, 12s. 6d. By GEORGE FOWNES, Ph. D., F.R.S., Professor of Practical Chemistry in University College, London.

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THE ANATOMIST'S VADE-MECUM; A SYSTEM OF HUMAN ANATOMY. With 186 Illustrations on Wood. By ERASMUS WILSON, F.R.S., Lecturer on Anatomy and Physiology at the Middlesex Hospital. Third Edition. Fcp. 8vo., cloth, 12s. 6d.

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PRINCIPLES OF MEDICINE; Comprehending General Pathology and Therapeutics. By CHARLES J. B. WILLIAMS, M.D., F.R.S., Professor of Medicine in University College. 8vo., cloth, 12s.

"Such a work as that of Professor Williams, embodying at it does a full account of the recent additions to our knowledge, and bringing the subject of General Pathology and Therapeutics up to the present state of medicine, cannot fail to be in the highest degree useful, both as a class-book to the student, and a work of reference to the practitioner."—*Provincial Medical Journal*.

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"Numerous as are the works on Physiology, a volume was still much wanted which should serve as the hand-book and text-book of the medical student. The volume before us is the much desired contribution to our science for which we have long looked. . . . In concluding our notice of this volume, we do so by recommending it most strongly to our readers, and especially to our young friends, who are preparing a foundation upon which to build their reputation and future success in life. The volume is beautifully got up; it will form an ornamental addition to the study and library."—*Lancet*.

PRINCIPLES OF GENERAL AND COMPARATIVE PHYSIOLOGY; intended as an Introduction to the Study of Human Physiology, and as a Guide to the Philosophical Pursuit of Natural History. Illustrated with numerous Figures on Copper and Wood. By the same Author. The Second Edition. 8vo. cloth, 18s.

"I recommend to your perusal a work recently published by Dr. Carpenter. It has this advantage, it is very much up to the present state of knowledge on the subject. It is written in a clear style, and is well illustrated."—*Professor Sharpey's Introductory Lecture*.

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LONDON: JOHN CHURCHILL, PRINCES STREET, SOHO.

THE PHARMACEUTICAL JOURNAL for FEBRUARY 1, edited by JACOB BELL.

Contents: Withdrawal of the Medical Bill: Necessity of a Bill to regulate Pharmacy.—Summary of Portuguese Pharmacy.—Cassia.—Butyric Acid in Rotten Potatoes.—Spigelia Anthelmia.—Medicinal Herbs supplied to the London Market.—Poisoning by Nitrate of Potash.—Ditto by Strychnia.—Membrane Capsules.—Tyler's Soda Water Machine (with a cut).—Gorged Leeches.—Resin of Ceradia Furcata.—Cinchona Bark.—Colouring Matter of Cochineal.—Cachou Aromatise.—Protection of Workmen from the effects of Lead, &c., &c.—Price 1s.

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ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE HUNTERIAN ORATION will be delivered by Mr. LAWRENCE, on SATURDAY, the 14th of FEBRUARY NEXT, at Three o'clock. Tickets of admission will be delivered to Members upon written or personal application at the College.

EDMUND BELFOUR,
Secretary.

January 21, 1846.

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CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

Physician to the East Suffolk and Ipswich Hospital.

(Continued from page 4.)

CASE VIII.

TRACHEITIS; CONDENSATION OF THE LOWER THIRD
OF THE LEFT LUNG; DEATH; INSPECTION.

A little girl, aged 4, after exposure to cold, was seized with catarrh and hoarseness, which was permitted to continue for five days prior to seeking medical advice.

On the fifth day the symptoms were those of croup, with stridulous breathing and cough; at which period she was freely leached over the sternum, had repeated emetics, and took calomel and antimony every two hours; blisters were applied to the nape and sides of the neck. I saw her in conjunction with her medical attendant on the eleventh day of the disease. Her complexion was pale; skin hot and pungent; tongue tolerably clean; the bowels had been freely relieved; urine depositing lithates; pulse quick and feeble; breathing accelerated and slightly stridulous; cough short, not very frequent, and unaccompanied by expectoration. A minute physical examination of the chest could not be made. Percussion elicited marked dulness over the postero inferior regions of both sides, while auscultation afforded evidence of the lungs being very imperfectly filled with air.

The previous treatment, viz., two grains of calomel, with half a grain of tartar emetic, every two hours, was persevered in; the trachea was blistered by means of the application of a roll of flannel dipped in boiling water; and the vapour of water was directed to be kept constantly diffused throughout the air of the room.

The little patient, although decidedly, was but temporarily relieved by these measures; she became rapidly weaker, in spite of stimulants, and died comatose on the thirteenth day of the disease.

Inspection. Mucous membrane of the larynx and trachea intensely red, and dry; three small abraded spots, the result of commencing ulceration, were found upon the mucous membrane of the trachea, immediately above its bifurcation; bronchial tubes injected and filled with sanguineous mucus; right lung healthy; liver protruding high into the right pleura, giving the character of dulness on percussion during life; lower fourth of left lung hepatized; the apex of the same lung contained two or three scattered, but softened tubercles;

left costal pleura covered with recently effused albuminous lymph.

Remarks. To the length of time which was so culpably allowed to intervene between the commencement of the disease in the case just detailed, and the period at which medical advice was sought, is mainly to be attributed the want of success attending the very energetic and judicious treatment in the first instance adopted.

The general symptoms were those of inflammation of the trachea, with obstructed respiration and do not call for special comment. The dulness on percussion over the right infra-scapular region was more marked during life than upon the left side, and affords another instance of protrusion of the liver, simulating disease within the chest. With the exception of the dulness over the lower part of the lungs behind, the natural resonance on percussion was unaffected. Auscultation, on the contrary, afforded evidence of extreme feebleness of the respiratory murmur, a degree of spasm of the commencement of the air passages preventing free access to the entrance of air.

Spasm of the glottis, in croup, rather than the amount of adventitious membrane, becomes very frequently the immediate cause of death; to obviate which, (as was given in the above case, although omitted in the report,) it is desirable to combine with the other remedies, small doses of an opiate. Death in the above case occurred probably in part from the shock to the nervous system, by the extent of the inflammation and duration of the disease, and partly also from the influence exerted on the brain by the circulation of imperfectly arterialized blood.

The application of boiling water for the purpose of exciting rapid vesication will, in many cases, similar to the one in question, be found of signal benefit. The treatment of disease by moist air, and the influence which it exerts in depurating internal organs when in a state of congestion, has been ably revived by Dr. Golding Bird. The diseases to which this practice is more especially applicable are, capillary bronchitis, pneumonia, and croup in children; its adoption may, however, be extended with great propriety and advantage to similar affections in the adult. Under its operation, as stated by Dr. Bird, and which I have also verified, the respiration becomes less rapid, and panting; the cough diminishes frequently in a marked degree; the secretion from the bronchi is rendered less viscid, and expectoration consequently facilitated, and diaphoresis occurs.

In two instances which have recently fallen under

my notice, the most beneficial effects followed the diffusion of moist air as an auxiliary to the ordinary treatment.

The first case was that of an infant, aged eighteen months, in whom the most intense capillary and general bronchitis existed. The temperature of the room was steadily maintained at 70° Fahrenheit, while a constant supply of steam was conveyed through a tube into the apartment, both during the day and night. After the expiration of five hours a marked improvement in the symptoms became visible, the respirations less frequent, with diminution of cough and frequency of pulse, and the ultimate recovery was rapid.

The second case was bronchitis, supervening on latent pneumonia, occurring in a young gentleman, aged 15. The posterior aspect of the left lung, embracing the infra-scapular and lateral regions, was consolidated, over the entire extent of which the respiration was so loudly tubular, as to resemble cavernous breathing. The cough, which was the most distressing symptom, was nearly constant. In this case the diffusion of moist air, unremittingly supplied, was equally efficacious as in the former, in lessening the irritation, and finally removing the cough.

CASE IX.

CIRCUMSCRIBED PNEUMONIA OF THE LEFT LUNG, TERMINATING IN GANGRENOUS ABSCESS; RECOVERY; SIGNS OF CAVITY, WITH DOUBLE MUSICAL MURMUR, EXCITED BY THE HEART'S ACTION; LATENT TUBERCLES AT THE APEX OF THE RIGHT LUNG.

A young man, after prolonged exposure to cold in an open boat, returned home chilly and shivering. On the following morning he complained of dull pain situated about two inches above the left mamma, and slightly aggravated by a deep inspiration; some cough, without expectoration; pyrexia; pulse 80; bowels regular. Ten days after this, (the period at which I first saw him in conjunction with his usual attendant,) the countenance was anxious and sallow; tongue clean; pulse 80, of moderate strength; there existed also pain over the left mammary region, with cough and muco-purulent expectoration. Has never had hæmoptysis, but has lost a sister from pulmonary phthisis.

Physical Signs. Chest expands freely.—**Percussion:** Complete dullness to the extent of from two to three square inches over the painful spot above, and a little to the sternal side of the left mamma; a flat rather than a dull sound was also elicited under the right clavicle.—**Auscultation:** Total absence of breath-sound over the consolidated spot, with a small crepitating rhonchus around its edges; increased resonance of voice and cough, with loud transmission of the sounds of the heart through the diseased portion of lung. Respiratory murmur feeble at right apex in front.

Throughout the treatment of this case the system resisted the influence of mercury, the gums remaining unaffected notwithstanding the most diligent and prolonged internal and external exhibition of the remedy. A similar difficulty occurred in exciting external inflammation over the diseased spot by means of counter-irritation.

The patient continued for some weeks much in the same condition, with cough, muco-purulent expecto-

ration, acceleration of pulse, and emaciation. The appetite was good, but the defined dullness, with extinction of breath-sound, remained unaltered. At this period the expectoration assumed a dark greenish yellow colour, both it and the breath of the patient becoming at the same time intolerably fetid. Percussion now yielded a clearer sound; a large gurgling rhonchus occupying the previously dull spot.

Under these circumstances the prognosis became in the highest degree unfavourable, since, in addition to the abscess, indubitable signs of latent tubercles were evident at the apex of the opposite lung. The appetite, happily continuing tolerably good, a free allowance of nutriment was taken. The sœtor of breath was removed by the inhalation of creosote, commencing with one drop three times a day, increased to four, above which quantity it was not well borne. Iron and quinine, with the iodide of potassium and dilute nitric acid, were at the same time prescribed.

Under this treatment, the features of the case assumed a more favourable aspect; the cough and expectoration diminished; the gurgling rhonchus was succeeded by cavernous breathing, and pectoriloquy; the pulse at the same time becoming gradually reduced in frequency. The shower bath was ultimately used daily with decided benefit. Throughout the progress of the case, the patient remained free from perspiration.

Two years have elapsed since the occurrence of the phenomena to which the above report refers; the patient, notwithstanding one or two very slight attacks of hæmoptysis, has continued to feel and believe himself well. An opportunity having presented within the last few weeks, (Nov. 25th, 1845,) of again examining the chest, I am enabled to append the following note of his present physical condition.

States that he feels well, has gained flesh, and is free from cough. Continues to use the shower-bath daily.—**Physical Signs:** Infra clavicular region of the right side expands slightly less than the left.—**Percussion:** Stroke sound under the right clavicle flat, scarcely amounting to dullness; normal on the left side; loud amphoric sound elicited between the third and fourth ribs of the same side; resonance healthy over the remainder of the chest.—**Auscultation:** Respiratory murmur feeble under the right clavicle, confined to the apex of the lung; healthy behind; resonance of voice not increased; cavernous breathing, with pectoriloquy audible over a spot about an inch in diameter, corresponding to the seat of the amphoric stroke-sound, and accompanied by a prolonged double musical murmur, excited by each action of the heart, and strictly confined to the site of the cavity. On removing the stethoscope to the extent of an inch in any direction beyond the walls of the cavity, the sound is rendered at once inaudible.

This case presents many points of interest. The patient, in previous good health, exposes himself upon the water to cold, returns home chilled, has a rigor, followed by general febrile symptoms, with pain and other phenomena sufficiently evident to direct attention to the chest, as the principal seat of the disease. The pain was located in one spot, and persistent; it was described as a dull pain, and not increased by motion or intercostal pressure. These characters, while they negatived the existence of pleurodynia, as well as pleurisy, rendered at the same time highly probable

the presence of pneumonia. The correctness of this opinion was fully realised by the character of the physical signs, which, throughout the progress of the case, were exceedingly well marked. The dulness on percussion, to the extent of from two to three square inches, situated over the locality of the pain, at once indicated the existence of a circumscribed portion of consolidated lung; and that pneumonia was the disease upon which this sign depended, was further evidenced by the simultaneous occurrence of a fine crepitation around its edges. As the disease, instead of undergoing resolution, advanced to abscess, the physical phenomena became equally indicative of this more serious lesion. We now find, over the previously dull spot, an amphoric sound, elicited by percussion, pointing to the existence of a cavity communicating freely with a bronchial tube; while on auscultation a large gurgling rhonchus, corresponding to the spot over which the respiratory murmur was before inaudible, became at the same time painfully distinct. These circumstances, together with the history of the case, and the characteristic odour and appearance of the expectoration, rendered the nature of the disease unequivocally apparent.

The object of the early treatment, viz., the resolution of the consolidated portion of lung, was frustrated by the resistance offered by the system to the introduction of mercury, as well as the great difficulty which existed in producing counter-irritation over the affected part. It was omitted in the report, but which may now be stated, that a seton introduced in the mammary region, was equally unsuccessful in effecting a discharging surface.

This antagonism between internal disease, and the operation of remedies, is not uncommon, more especially when the former is confined to a small spot, and assumes from the first a sub-acute or chronic character. I have, however, in no other instance witnessed so persistent a determination (so to speak,) of the system to resist remedial measures as in the present case.

On the formation of abscess, the most marked benefit was derived from the inhalation of creosote. It removed the sœtor from the expectoration; it lessened the cough, and greatly diminished the amount of expectoration.

On the present condition of the case, it is necessary to make one or two observations.

The patient considers himself strong and well, and notwithstanding the most rigid injunctions on the part of his medical attendant, he unfortunately evinces extreme imprudence in reference to exposure to cold. The amphoric stroke-sound, together with the perfect pectoriloquy that now exists, indicate a small cavity in the original site of the abscess, lined probably by organized membrane. Its proximity to the heart causes, at each pulsation of that organ, a vibration of the air within the cavity, and thus gives rise to the double musical murmur so distinctly heard, yet so completely circumscribed in extent. This latter sound is unquestionably of rare occurrence, requiring for its production a cavity containing air only, of certain dimensions, communicating with the bronchi, and at the same time sufficiently near the heart, as to be influenced by its movements.

The pulsatory gurgling sound pointed out by Dr. Stokes, arising from the agitation of fluid in cavities,

excited by the action of the heart, will be met with more frequently than the phenomenon of the double murmur above mentioned. Of the condition of the apex of the right lung no doubt can longer exist in reference to the presence of tubercles. When the patient first came under observation, he had had no hæmoptysis; the result of percussion was a flat, rather than a dull sound; and the only indication derivable from auscultation, was a slight feebleness in the respiratory murmur. Under these circumstances, therefore, with a deranged condition of the circulation in the left lung, the physical signs alluded to might possibly have arisen from congestion, and a doubtful opinion upon this point was therefore expressed. Now, however, two years having elapsed, and the same phenomena obtaining, together with the fact, that a small quantity of blood has more than once been observed in the sputa, coupled with the recollection of a sister having died of phthisis, I have no hesitation in pronouncing, that latent tubercularization exists at the apex of that lung. The fact of the deposit, which is scattered, having neither increased nor excited surrounding inflammatory action, is unquestionably a favourable circumstance; still, however, in a case presenting similar conditions, even under the best directed auspices for the future, a rigidly guarded prognosis should be given.

(To be continued.)

ON PLACENTA PRÆVIA.

(A paper read before the Medical Society of University College, London, on Friday, January 30th, 1846.)

By JOHN ELLIOT WOOD.

The subject which I propose to advance for discussion this evening, is one which has lately engaged the attention of the profession generally, and has been made the basis of much controversy, which, I regret to say, has not in every instance partaken of that calm and philosophical character so indispensable for the elucidation of truth. And whether we regard the subject in a medical or moral point of view, it will be found well worthy of our serious consideration. If we are ultimately to arrive at truth—and that such will be the case, who can doubt?—our progress will be materially hastened by the multiplication of observers and thinkers; and, with this view, I would request your attention to the matter about to be brought forward.

There are few dangers and difficulties in the practice of midwifery, the advent of which is more to be dreaded than that kind of hæmorrhage which necessarily follows dilatation of the os uteri, when the placenta is wholly, or in part, attached over the orifice of the womb; the hæmorrhage arising from the cessation of that intimate connection which exists between the uterine and placental surfaces. Professor Nægélé has well observed, that “there is no error in nature to be compared with this, for the very action which she uses to bring the child into the world, is that by which she destroys both it and its mother.”

As may well be supposed, these cases of hæmorrhage have occupied the attention of writers on midwifery in all ages; some giving one explanation of their nature,

some another; but all agreeing in their great danger, and the importance of even the minutest variation in point of treatment as regards the established practice, which should even in the smallest degree diminish the risk to the mother and child.

In the very early ages of medicine, we find Hippocrates noticing this complication. In his book *De Morbis Mulierum*, he says, "that the after-burthen should come forth after the child, for if it come first, the child cannot live, because he takes his life from it, as a plant does from the earth." Dr. Rigby's Commentary on this statement is, that "Hippocrates *therefore* evidently supposed that this presentation of the placenta at the os uteri, was owing to its having been separated from its usual situation in the uterus, and fallen down to the lower part of it."* The fact is possibly correct, though I cannot conceive by what ingenuity it could be extracted from the above sentence of Hippocrates.

We pass over a very considerable time, during which medicine in general made but slight advances, until we come to the writings of Guillemeau in 1609. He says that, "when the placenta presents, the most certain and expedient method is to deliver the patient promptly, in order that she may not suffer from the hæmorrhage which issues from the uncovered mouths of the uterine veins, to which the placenta has been attached."

There is nothing in this observation that would lead us to believe that Guillemeau was not acquainted with the real nature of placental presentations, though Dr. Rigby's inference from it is that he had fallen into the error attributed by this writer to Hippocrates. Dr. Lee, however, with more correctness, states that "Guillemeau has made no observation from which it can be inferred that he believed the placenta to have been originally adherent to the upper part of the uterus, and to have descended from thence to the cervix."†

It is generally taken for granted by writers on the history of this subject, that from the time of Hippocrates down to that of Guillemeau in 1609, this erroneous view of the nature of placenta prævia was current; for no reason that I am aware of, except that this medical heresy was promulgated by later observers. Mauriceau, who followed the last writer, and whose treatise was published in 1668, certainly speaks of the placenta when at the os uteri, as being "entirely detached," and urges the necessity of immediate delivery in these cases; but nowhere does he express his belief in the erroneous opinion above alluded to. From one observation, indeed, at page 350 of his work, it is plain that he was aware, at least of the occasional attachment of the placenta to the cervix. Yet Dr. Rigby's commentary is as follows:—"These facts prove that Mauriceau considered presentations of the placenta to arise *solely* from its having been separated by some accident from the fundus, and fallen down to the os uteri."‡

We next come to Paul Portal, who practised midwifery extensively in Paris, and in 1685 published *La Pratique des Accouchemens, soutenu d'un grand nombre d'observations*, which was afterwards translated

into English. In his sixty-ninth observation he says, "I searched with one finger first, and found the after-burthen foremost, and closely joined round the inner surface of the womb. I again felt the after-burthen fastened to it; I peeled it off, &c." In the forty-third, fifty-first, and seventy-ninth observations, he again expressly points out the attachment of the placenta to the os-uteri.

The next author who has alluded to the real nature of placenta prævia is Giffard, whose work was published in 1734. He speaks of it, however, only in a cursory manner, as if of a subject already understood, and concerning which he had nothing of novelty to offer. He makes one remark, which would lead us to infer, that many at that time doubted the attachment of the placenta to the cervix uteri. He says, "I cannot implicitly accede to the opinion of most writers in midwifery, which is, that the placenta always adheres to the fundus uteri." Again, in case 116, "Its adhering to the os uteri was, in my opinion, the cause of the flooding; for the os internum was gradually dilated, the placenta at the same time was separated, from whence proceeded the effusion of blood." And in case 224 he says, "The placenta adhered, and was fixed close and round about the cervix uteri, as I have found it in many other cases." Dr. Rigby, however, complains that these opinions of Giffard's, apparently so simply and clearly expressed, are given cursorily, and with a degree of hesitation.

Heister, in 1739, says that some of the moderns consider as a cause of hæmorrhage the adhesion of the placenta to the mouth of the womb, so that the more the os uteri is dilated, the greater is the separation of the placenta, and the more profuse the bleeding. We next come to Smellie, who, in his work published in 1752, relates nine cases to illustrate the adhesion of the placenta to the os uteri. "The edge or middle of the placenta sometimes adheres," he says, "over the middle of the inside of the os internum, which frequently begins to open several weeks before the full time; and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered." Røderer, in 1759, gives a clear account of the symptoms and treatment of uterine hæmorrhage from the attachment of the placenta to the lower part of the uterus. The placenta can be felt, he states, firmly adhering to its inferior segment. He denies the possibility from any cause of the placenta being detached from the fundus uteri, and falling down to the cervix. Levret, in 1761, undertook the somewhat superfluous task of proving,—1st, that the placenta sometimes adheres to the circumference of the internal orifice of the uterus; 2nd, that when this occurs uterine hæmorrhage is inevitable in the latter months of pregnancy; and 3rd, that the only method of obviating this dangerous accident is to deliver immediately by turning the child. I may so far anticipate myself as to state, that Levret recommended forcing the hand through the placenta, instead of passing it between the uterus and its margin, as Mauriceau and Portal had always done.

Dr. F. H. Ramsbotham states that "the placenta presentation was noticed by Guillemeau, Mauriceau, and others, in France; Daventer, in Holland; Bracken and Pugh, who wrote respectively in 1751 and 1754, in this country, besides others; but they all held the

* *A System of Midwifery*. By Edw. Rigby, M.D., p. 349.

† *Ed. Med. and Surg. Journal*, vol. 57, p. 389.

‡ *Midwifery*, p. 250.

opinion that it was not originally apposed to this part of the uterus by nature, but that in consequence of some peculiar circumstances, it had become loosened from its attachment above, had fallen down by its own weight, and had thus accidentally placed itself over the uterine orifice." This observation, however, as regards at least the two former of these writers, we have seen to be incorrect.

To Dr. Rigby, in his "Essay on Uterine Hæmorrhage," published in 1775, we are much indebted for putting forth more prominently, perhaps, than had hitherto been done, the observations of the preceding writers, and the consequences which would naturally result from them. He insisted strongly on the distinction, so important in a practical point of view, between *accidental* and *unavoidable* hæmorrhage; the former being the consequence of numerous accidents which may occur during pregnancy and labour, the latter the result of the adhesion of the placenta over the os uteri. It is erroneous, however, to attribute to this distinguished writer the merit of having been the first to point out this distinction, as we find Giffard, in 1734, and Levret, in 1761, asserting that hæmorrhage, in placental presentation, was unavoidable. But if we are compelled, in justice, to deny to Dr. Rigby the claim of originality, or at least of priority of observation, we must admit that his work collected, and put in a clear point of view, truths which had hitherto been scattered and obscure, and that he was the chief means of spreading amongst British practitioners a correct knowledge of the subject.

From that time to the present, these views have been adopted by every author of note, and there is now no question either of the seat of the placenta in unavoidable hæmorrhage, or that this abnormal situation renders hæmorrhage inevitable.

With regard to the *causes* of placental presentations, they are as yet very obscure; and owing to the rare opportunities that we possess of investigation at a sufficiently early period, and the comparative scarcity of placenta prævia itself, it will be long before we can obtain anything like demonstrative evidence on this point. It is probable that the condition of the decidua shortly after the entrance of the ovum into the cavity of the uterus, will in some measure influence the situation of the placenta. In the ordinary state this effusion of plastic lymph has already obtained such a degree of cohesion and firmness as to prevent the ovum from passing beyond the extremity of the Fallopian tube down which it has travelled, but it can easily be supposed that if the decidua itself were wanting, or in a semi-fluid state, the ovum would escape into the cavity of the uterus, and, by its own weight, gravitate to the lower part of this organ, and becoming adherent there, would give rise to a case of entire or partial placental presentation.

Some interesting views on this subject have lately been brought before the profession by Dr. Doherty, in the *Dublin Journal of Medical Science*, July, 1845. "Such cases," he says, "may be divided into two classes,—those in which merely a lobule of the placenta overlaps the os uteri, and those in which the placental mass is wholly engrafted on the cervix. In their origin, I apprehend, they are quite distinct. The former arises from the placenta, when originally attached in a natural situation, as denoted by the insertion of the

cord, growing irregularly, and thus extending a portion of its margin into the cervical region of the uterus, in which case it gives rise to, for the most part, merely a partial placental presentation, and this is the more usual form of the anomaly. But the occurrence of full placenta prævia, where that substance springs from the whole disk of the mouth of the womb, is, I believe, referrible to a deficiency in the decidua, which should naturally extend across the orifice of the Fallopian tube, and the absence consequently of the support which ordinarily it is thus enabled to give to the ovum as it enters the womb. Thus, in a case, recorded by Dr. Lee, of a young woman who poisoned herself in the second month of pregnancy, wherein he found, as in his opinion is invariably the case, the Fallopian tube pervious, the ovum had taken up its position at the os, and was forming its placenta there; and Sir E. Home details the case of a female, pregnant eight days, in whom a small ovum was detected near the cervix uteri."

A question here naturally presents itself, whether a placenta, whose edges extend over the os uteri, can be said to be situated in a normal position, in what portion of the mass soever the cord may be implanted? Again, it is very unsafe to draw any inference, one way or another, from such a doubtful case as that recorded by Sir E. Home. As to the mode of growth of the placenta, however, Dr. Doherty is at variance with a great authority; for we find M. Gendrin, in his philosophical treatise on practical medicine,* expressing his opinion that this organ increases, not by extending its edges, but by increasing its centre, according as room is made for it by the enlargement of the womb; its margin never making any advance. But M. Gendrin has another theory concerning the source of the hæmorrhage in placenta prævia, for the support of which this view is very convenient, if not essential; and it would be well to know, before attaching too much weight to this speculation, whether or not it has the advantage of seniority over its fellow.

* Paris, 1839, vol. 2, p. 222:

(To be continued.)

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

By GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of
Ireland.

(Continued from page 50.)

Dr. Roche has furnished me with the details of two cases, both of which I saw along with him, and which I think worthy of particularising from the promineny of certain symptoms and complications.

Mrs. T. was seized with rigor on the 1st of November, after which the usual symptoms set in. Amongst these symptoms severe pain in the back part of the head was remarkable. In a few days epigastric tenderness was discovered, which was immediately met by leeches, and relieved. The symptoms assumed the remittent type early in the disorder, so marked, as to realise

two distinct daily, (and one nocturnal,) exacerbations.* There was great prostration of strength following these remissions, accompanied with continued heat of skin and pain in the temples, along with some degree of intolerance of light. Leeching mitigated these latter symptoms. For several nights but little sleep could be procured. Exacerbations lost their distinct character, though broken into quotidian.† After the bowels were regulated, an opiate with wine was given with the best effect, upon which the exacerbations became indistinct, and the pulse fell. Wine was given more liberally, with light nourishing diet, and the infusion of calumba, with aromatic spirits of ammonia, ordered. The appetite returned, and convalescence was establishing, in the course of which a curious circumstance occurred:—As she was assisting herself to rise in bed, she placed her right hand behind the back for the purpose of supporting herself, when the wrist suddenly gave way, or turned, and bent forward, and much pain was felt. After this the hand became stiff and cold, with numbness. On Dr. Roche's arrival he could not detect any pulse in the radial artery, though he could perceive the pulsation of the brachial sufficiently well; this condition of the hand remained for several days. The hand was wrapped in flannel. On the third day Dr. Roche gave me an opportunity of verifying the fact, which proved, on the best examination I could make, to be perfectly correct. There was no radial pulse. On the fifth day the hand and fore-arm became less painful, and she regained by degrees some use in the hand, and the natural warmth returned; after which, (December 11th,) the radial could be felt distinctly, but feebly, pulsating. The wrist affected was the one always previously felt for the pulse.

The second case presented more ordinary characters:—Mr. E. was attacked with rigors on the 8th of November. Dr. Roche was called in on the 12th, when he found the furred moist tongue; pulse slightly raised above the natural standard; skin hot; general lassitude; and constipated bowels; headache not great; tender epigastrium, which leeching relieved; great intellectual excitement, with inability to sleep; but no delirium. In a few days after laxative medicines and effervescing salines had been given, the general febrile symptoms were resolved, and the appetite began to return, although great prostration of strength continued. Wine was administered with apparently good effect, and the muriate of morphia was used successfully to procure sleep. On the 14th of November, (sixth day of attack,) during the very heavy fogs prevalent at that time, bronchitic symptoms set in, not of an acute inflammatory order, but of the congestive form. Ipecacuanha and hyoscyamus were given, and the croton oil rubbed in over the chest, whilst the bowels were not overlooked. He seemed

rather relieved for four or five days, when great oppression of the chest came on, and in two days delirium set in; the pupils became dilated; the bronchial râles could no longer be detected; the respiratory murmur was inaudible throughout; an extensive and marked crepitus presented itself along with dulness generally on percussion; the vital powers were prostrated; and the delirium, though of a mild character, was more pronounced at night. At this stage I saw him. We decided that carbonate of ammonia should be given, with camphor, and wine liberally, and a full dose of Dover's powder at bed-time. At our subsequent visits we had the gratification to observe some amelioration, and we put a large blister over the chest; (the croton oil had not produced much effect.) It is not necessary to follow up the diurnal changes. The blister and remedies had recovered the balance of the vital functions; the chest sounded clearer; the râles returned posteriorly as well as anteriorly; expectoration of mucus came on; and all the symptoms improved. The patient finally recovered, and set off for the south of England.

This case is of more practical value than the more curious incident of the former case, because it supplies a caution on the subject of relapses. The patient had reached that stage of fever which is usually termed convalescence, and which is too frequently regarded as equivalent to restoration of health. Perhaps we are too apt to pause in our vigilance, to indulge in a little breathing after a prolonged combat, like the Carthaginian General of old, who delayed to prosecute his good fortune, by stopping short of the Roman capital, beguiled by the green fields of Italy, and urged to the indulgence by a sense of fatigue. But if such was fatal to his grand enterprise, so I feel persuaded our first victories over our still more subtle foe are apt to engender likewise in ourselves a desire of halting, and a natural wish for cessation of arms. If the temptation be once yielded to, at such a point, let the previous struggle have been one ever so prolonged and wearying, we are betrayed into a position as false as Hannibal's generalship ever was, three days short of Rome. Our stealthy foe prostrated, but not subdued, rallies again to the deserted posts, and we have again to contend with it at a most serious disadvantage, wherein too often the conservatism of nature and the auxiliaries of art are too feebly rallied ever to regain the lost ground, and the crusade of medicine terminates in such case, in ignoble and irreparable defeat.

The stage of convalescence is a stage of fever, and the older writers kept this more distinctly before them than the modern practitioners may at all times recollect; or at least we may err by resigning our invalid to the charge of indiscreet relatives and friends, a great deal too soon. Convalescence, in its old Latin synonyme, "*stadium refectionis*," should be accepted as implying an improved stage of the disease, in accordance with the safe and philosophical views of Richter and Hildenbrand, and I may add Copland, distinct certainly from the malady, because it "does not present any of the constituent phenomena, which still continued to exist in the stage of decline, but merely those of debility consequent upon acute disease." (Copland, p. 902.) To the stricter guard kept over the *stadium refectionis*, as well as to the more prompt remedial measures and more attentive nursing, ventilation, &c.,

* This would appear to have assumed the features of the double quartan, or the triple tertian, both of which have two paroxysms on the one day. It may be remarked that the quartan form is the "most prevalent in autumn in very young persons, in females, and in the lymphatic temperament." Quartans, too, are more obstinate than tertians.—Copland 935.

† Agues, particularly quotidians, may also be converted into remittents, or even into the continued type, by the constant operation of the exciting causes, or by other powerful determining influences; but they often assume a complicated or an irregular form in the course of transition."—Copland, 936.

must be ascribed the diminished rate of mortality in Fever Hospitals generally, over that of private practice. I do not precisely know the rate, but believe it to be—

In private practice as 1 in 10

In Fever Hospitals as 1 in 12 or 13

In the case to which these remarks are appended, the great debility, at the time when the appetite and digestion improved, shewed a degree of exhaustion of nervous power, disproportioned, if I may say so, to the general mildness of the previous six or seven day's fever, and which amounted, in this and in vast numbers of other instances, in private practice at least, to an extent commensurate with typhus itself, and only found analogy in recent disorders amongst the cases of the epidemic influenza. In both of these epidemics the recoveries have been remarkably tedious, and they have both been characterised by a peculiar amount of depressed nervous energy, and a sub-inflammatory condition of organs which, at another period, would have assumed a purer inflammatory type.

I do not mean to infer that there was the slightest remissness in watching over the recovery of the case now under consideration; so far from it, I believe my medical friend to be a conscientious practitioner, to whom a sense of duty would serve as a wise guide in watching over the interests of his patient; but relapses have often presented themselves in the course of this epidemic, and I believe this tendency to relapse is to be traced to the peculiar atony of the nervous system, and not to any neglectful practice. That such debility in convalescence is the cause of sudden internal stases or congestions we all know, and the occurrence of congestive sequelæ was sufficiently marked in the late fever by unequivocal symptoms during life, as well as by organic changes noticed on examination after death.

In the pulmonary embarrassment, constituting the prominent feature of relapse in this case, I infer that there had arisen a state of the pulmonary tissue, not inflammatory, nor apoplectic exactly, but an infiltration of sanguineous fluid, and a species of stasis, known to pathologists, and described by Dr. Copland, as follows:—"In low forms of fever, the changes that supervene in the bronchial surface, or in the substance of the lungs, as well as those that take place in the alimentary canal, possess but little of the truly inflammatory character, excepting capillary injection, sometimes with infiltration of a sanguineous serum into the adjoining tissues, or with effusion of a similar fluid from the injected surfaces." P. 920. If the case terminates fatally under pulmonary distress, then the œdematous, or infiltrated structure, will give proof, beyond what the stethoscope could give during life, by presenting softening, along with these evidences of gravitated circulating fluids, denominated by Laennec, *peripneumonie des agonisans*, an alteration preceding death as well as consequent upon it.

Among the complications of this fever were several instances of inflamed veins. A mild form of this affection was remarked in the case of pulseless wrist of Dr. Roche's; it occurred in the right leg; pain extended along the inner side of the thigh and leg; there was no swelling, no dark venous line or cord-like feel; it lasted for ten days, and the groin continued stiff for some time; the general character of the pain was of

a sharper nature than common rheumatism, even when acute. Frictions were employed, and proved most suitable.

Dr. Inman also had a case which occurred during convalescence. At first pain appeared in the calf of the left leg, without swelling; in five days the pain became intense, and was accompanied with tenderness over the femoral vein for about a hand's breadth along the course of this vessel. The patient recovered under leeching.

Another case presented a fulness in the groin at first; thirst present; pulse 140; no other complication; tongue dry, clean, and glazed, white in the centre; delirious only one night; nights generally sleepless. Hot fomentations were used to the limb; quinine had been taken along with wine; as convalescence advanced both were left off. Sore-throat appeared, along with petechiæ, on the eighth day; no diarrhœa; partial perspirations; diameter of the calf of the leg more than that of the corresponding one; no œdema of foot or leg. Recovered.

A fourth case lasted three weeks. Another case, at Everton, occurred under symptoms of relapse. One in Rodney street presented itself to Dr. Inman, and was a very severe case. The patient was delirious for three weeks, presenting abdominal complication till the twenty-fourth day. She supposed another person was always present on her left side; she would fancy whatever she wanted, that her supposed companion also wanted the same thing.

REMOTER IMPRESS OF THE EPIDEMIC CONSTITUTION.

Mr. Fell, surgeon to the West Derby Union Workhouse, has taken the trouble to supply me with the following account:—In the neighbourhood of Edge Hill, (the same ridge as Everton,) several women after labour, have contracted a febricula, not always of a very mild form. Pulse up to 100 and 120; (a pulse at this standard in child-bed, has been said by Sir Charles Clarke to indicate danger, and obstetricians generally agree with him;) tongue dry and hot; skin in one case red; lochia diminished but not suppressed; milk scanty; urine likewise, as far as could be estimated. Infant did not suffer. Commenced with a rigor, and was followed by perspirations but not critical; head uneasy, peculiarly restless at night; no delirium. In some cases the fever set in about twenty-four hours *post partum*. Duration six or seven days. No phlebotic symptoms observed.

A case occurred at the workhouse, in a paralytic young man, who, whilst taking small doses of strychnia, got a congestive attack of the lungs. It is not clear whether it was due to the atmospheric constitution or to the remedy.

Whooping cough and croup were severe during this period. This observation is confirmed by my own experience. I had occasion to notice in my own person the remote effects of the febrile constitution in a peculiar restlessness at night, continuing for weeks of the period referred to, along with frequent pain in the calf of each leg. I believe several others in the profession and out of it experienced the same annoyance.

Phlegmasia dolens and erysipelas occurred concurrently with the epidemic in nurses and pregnant women. In the West Derby Union Workhouse, a pregnant woman had idiopathic phlebitis; severe rigor;

pulse 140; leg very much inflamed and swollen. She was relieved by leeches and purging.

The epidemic was not limited to human subjects, for it certainly presented itself also as an epizootic. Amongst horses this was remarkably the case. In my own neighbourhood a groom showed me a valuable horse, evidently labouring under fever, and the veterinary surgeon in attendance told him that he never saw so much fever amongst these quadrupeds. The symptoms were,—head hot; thirst; prostration of strength; eyes suffused; submaxillary pulse, up to 60 or 70; rolling about of head, and running backwards in his box, or beating the head against the hay-rack or manger. It is singular that the essential characters of the epidemic should be observed also in the epizootic, in the correspondence of certain symptoms, particularly the head-attack.

(To be continued.)

CASE OF ENTERITIS, WITH OBSERVATIONS.

By J. CARR BADELEY, M.D., Chelmsford.

In our attendance on diseases, both acute and chronic, but especially perhaps in the former, it frequently happens that some obstinate symptom presents itself, which not only distresses the patient, but perplexes the medical attendant, and seems to defy his most strenuous exertions to remove it. In cases of fever, for example, the progress is often apparently satisfactory, and the prognosis favourable; but either the tongue remains pertinaciously coated, or it retains its dryness, or the pulse continues frequent, when we have a right to expect its diminution, or the excretions evince an unhealthy character, notwithstanding our assiduous endeavours to correct them, or in short, "*urgit amari aliquid*," which keeps our anxiety alive. Amongst these, in cases of enteritis or peritonitis, and particularly in puerperal cases, we frequently meet with a tympanitic distension of the abdomen, accompanied by more or less tenderness on pressure, though the most energetic and judicious methods of cure have been adopted, and though depletion has been carried out as far as is compatible with the safety of the patient or conducive to the annihilation of the attack. Now it is well known that air is abundantly generated in the intestines during perfect health, and is doubtless necessary to the process of digestion. It may act as a stimulus to their peristaltic action, and not only assist by its distension, the descent of the ingesta, but may also contribute to chymification. Where food is swallowed rapidly, and masticated imperfectly, carbonic acid gas is secreted in such abundance as to cause even a painful distension of the stomach; which only gains relief when the food enters the duodenum, and its solution becomes more perfected, and till which, the subject of this flatulence is much annoyed by the fermenting process. This occurs more especially where the stomach is weak, and the digestion difficult; where the want of tone prevails more in the intestines, the distension exists in the abdomen, attended by borborygmi and other evidence of accumulation of air.

In the commencement of fever this distension is extremely common, and seems to derive its source from the inflamed condition of the mucous membrane;

where it occurs in a later stage, and is coexistent with derangement of the intestinal tube, sulphuretted hydrogen gas is copiously generated and difficult to disperse. This abdominal distension is often either produced by, or consequent upon, too free an exhibition of cathartics; and, perhaps, augmented by medicines of an effervescing character. It may also be partly caused by the preternatural heat attendant on inflammation rarefying this morbid secretion of air, and giving rise to more or less pain.

I was lately called in to a case of acute enteritis in a young married woman, only 18 years of age; she had been suffering five days with the usual symptoms; leeches had been applied twice, with some little alleviation, but the lancet had not been employed; purgatives had been resorted to, and tobacco clysters, by which her bowels had been emptied; the pulse was oppressed; countenance anxious; tongue dry and coated; stomach irritable; debility and restlessness considerable; and abdomen much distended, and painful on pressure. The leeches had caused faintness on both occasions of their application, so that her medical attendant was fearful of large depletion. I immediately ordered, however, venesection till faintness ensued; she lost about twelve ounces of blood, which was highly buffed and inflamed, but the pain was instantly relieved. The venesection was repeated three times with relief; the body was poulticed and fomented, and the usual antiphlogistic remedies and regimen adopted. When the pulse indicated that the lancet was no longer admissible, leeches were freely applied, and subsequently blisters, turpentine liniments, opiates, and mercury till the gums became sore, according as the case required the one or the other of the remedies. She had had upwards of one hundred leeches on the abdomen, besides four blisters, but the distension continued, and gave her great uneasiness. An abortion occurred also, (for she was in the third month of her pregnancy,) and in short the case was of a very serious character. The pulse continued from 110 to 120; the tongue was rendered dry by every exhibition of opium, and there was much cause for apprehension. The bowels now became very relaxed; the fecal evacuations evinced ulceration, and chalk mixture, logwood, and other astringents, were given; the distension was still as great or greater than ever; the pulse very feeble, and there was tenderness on pressure. She expressed a great desire for some wine and water; I therefore ordered that she should have some port wine and water, and prescribed some pills composed of cupri sulphas, quiniæ disulphas, and morphiae hydrochloras. I was highly gratified on my visiting her on the day following, to find that the distension was considerably less, pain relieved, and the diarrhoea checked. The stomach, however, being somewhat annoyed by the cupri sulphas, I substituted the plumbi superacetas with morphiae acetas. These pills agreed well for two days, when colicky pain threatened, upon which I discontinued the lead and prescribed the decoctum cinchonæ with acidum hydrocyanicum and the tinctura aurantii, and at night the pulvis ipecacuanhæ compositus, with hydrargyrum cum creta. These medicines suited her admirably, and their continuance gave her strength, calmed the nervous irritability, and improved the secretions. From this time she became convalescent; the distension

of the abdomen entirely subsided; her appetite returned, and she is now restored to the enjoyment of health.

I do not pretend, in publishing this case, to claim any particular merit in the treatment, but to call to mind that after a certain time, the pain and distension deriving their apparent source from debility, and from an inability of the animal fibre pervading the intestinal canal to contract and expel the accumulation of air, are relieved by metallic astringents.

Chelmsford, January 24, 1846.

SINGULAR CASE OF OVARIAN DROPSY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The termination of the subjoined case of ovarian dropsy, is so uncommon, that I am induced to transmit the details of it, that they may be recorded in your weekly journal.

I am, Sir,

Very obediently yours, &c.,

RICHARD EAGER.

Guildford, February, 1846.

Mrs. —, aged 28 years, after the birth of her first and only child, now three years old, experienced attacks of inflammation of the left ovary, and phlegmasia dolens of the left thigh and leg, the effects of which left her in an enfeebled state of health for several months.

On the 22nd of July, 1845, I was consulted by her in reference to a tumour, about the size of a fully developed foetal head, occupying the left iliac region, easily defined to be circumscribed, moveable and extending toward the right side, somewhat beyond the median line of the abdomen, having a smooth and even surface, and giving an obscure sense of fluctuation on percussion. An examination per vaginam manifested a healthy condition of the uterus, although it was somewhat altered in its position, the fundus being thrust forward, while the cervix rested on the recto-vaginal septum. From these symptoms I concluded the disease to be encysted dropsy of the left ovary, and in this diagnosis I was fortified by the opinion of Dr. Lever, who had seen the patient under her former illness, and who was consulted on the present occasion.

The patient, in the history she gave of her ailment, traced the commencement of it to her recovery from her former illness; and as it had made no advance during a period exceeding two years, it was hoped it might remain in a quiescent state; our intentions were, therefore, directed to the maintenance of the general health, and the promotion of the healthy functions of the system, by regulated exercise, diet, &c. The compound iodine ointment was freely used over the site of the tumour, and hydriodate of potass given in a bitter, twice a day. From this time, however, the disease assumed a more active character, and advanced with such rapidity, that by the beginning of November the patient had attained the size of a woman at the full period of gestation, the ovarian tumour occupying

the abdominal cavity from the pubes to the ensiform cartilage, producing great inconvenience and distress by its pressure on the diaphragm and surrounding viscera, and tapping was regarded as the only probable means of affording relief.

On the 13th of November a purgative was given to relieve constipated bowels; it induced most distressing and violent vomiting, succeeded by rigors and syncope.

On the following day a marked change had occurred in her size and form, and to adopt her own expression, she felt a sense of want, sinking, and emptiness, almost amounting to fainting.

Early on the morning of the 15th of November, I was called to her, and found her labouring under all the symptoms of sub-acute peritonitis, which readily yielded to the usual remedies. On the 17th of November a very careful examination of the abdomen failed to detect a vestige of the ovarian enlargement, but the whole belly was augmented in size, and over its most dependent parts, fluctuation was very perceptible. Her circumference on this day over the umbilicus was thirty-eight inches and a half; during three or four days succeeding this day she evacuated large quantities of urine, to the amount of four, five, and six quarts per diem. On the 22nd of November her size, by admeasurement, was reduced to twenty-seven inches, with no perceptible enlargement or fluctuation.

From the above time no remarkable symptoms have presented themselves, although the convalescence has been retarded by extreme debility; this however has at length yielded to a generous diet, change of air, and a course of steel in a bitter. At the present time Mrs. — appears to be rapidly advancing to the perfect recovery of her customary good health; in fact she told me recently she felt better than at any time during the past four years. From a consideration of the above facts, I am induced to believe that violent action of the abdominal muscles and diaphragm, excited by the vomiting on the 13th of November, ruptured the ovarian cyst, and its contents thus liberated, were extravasated into the abdominal cavity, (producing the attack of peritonitis,) from whence they were removed by absorption, the cyst remaining in a collapsed and contracted state.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 11, 1846.

Among Sir Robert Peel's proposed financial measures, there is one which may material affect the position, perhaps also the interests, of very many members of the profession residing in provincial districts. In the published report of his speech we find him alluding to the subject of medical relief to the poor in the following terms:—

"There is another charge which is borne by the land in this country, of which again, for social purposes, we propose that a share shall be borne by the Government—I allude to medical relief. There is no part of the administration of the Poor Law which

has given more dissatisfaction than the administration of medical relief. (Hear, hear.) There has been great unwillingness manifested in many cases to grant this relief—the guardians, perhaps not unnaturally, thinking that their more immediate duty was to relieve the poor from the danger of starvation. I am sorry to say that there have frequently been just grounds of complaint on the subject of medical relief. It will be remembered that the subject of medical relief in Scotland occupied the attention of the House last session, and we propose to extend the same measure to that country, for the purpose of giving the Government a greater degree of control; and for the purpose of gradually introducing an amendment in the amount of relief, we propose to take one-half of the charge of paying the medical officers both in England and Scotland upon the Government. We estimate the amount for England at £100,000, and for Scotland at £15,000; Ireland is under a separate law in reference to medical relief; but the whole subject is likely to occupy the attention of Parliament in the course of the present session."

In what manner it may be the intention of the Government to carry out the proposed change does not yet appear, but while we feel that any change in the administration of medical relief under the Poor Law must be beneficial, it will be well that the medical profession should be alive to the subject, and by timely representations endeavour to secure those advantages which the proposed change seems capable of affording.

The position of the medical officers of the Poor Law Unions under the existing regulations is exceedingly embarrassing. Not only are they miserably paid, we cannot say remunerated, for the services which they are called upon to perform, but with the guardians as an elective body, looking only to a wretched and misplaced economy on the one hand, and the Commission as an arbitrary tribunal on the other, it is, in many instances, impossible for them to perform the duties of their office with satisfaction or effect.

It would be far better, were the entire measure of medical relief to the sick poor in the hands of a Government medical board; were the guardians altogether released from any control in matters with which they are for the most part incompetent to deal; and to remove all pretext for their interference, were the whole charge of paying the medical officers taken by the Government.

We are satisfied that were this done, the measure would work far more efficiently, that it would be more grateful to the medical profession, would raise the character of the appointments, and would consequently ensure the more efficient performance of the duties.

The Half-Yearly Abstract of the Medical Sciences, &c., &c. Edited by W. H. RANKING, M.D., Cantab., Physician to the Suffolk General Hospital. Vol. II., July—December, 1845.

The present volume of Dr. Ranking's Abstract fully realises the promise held out by the former volume. Without some such guide to investigation and research, and aid to the memory, as these periodical abstracts present, much valuable matter, published in the numerous channels of information which the active spirit of the present age affords, would either be entirely lost, or at best but partially known. The sifting which the journals and other medical publications thus undergo, and the judicious selection from their pages of points of practical interest, or discoveries of importance in the collateral sciences, form an important part of the duty of the editor; and after a careful examination of Dr. Ranking's volume, we are bound to state that this duty has been well and ably performed. The valuable matter contained in many of the foreign journals, in particular, has not been lost sight of.

But the peculiar feature of the volume is the series of critical reports on the various branches of practical and scientific medicine. These are:—1st, a report on Practical Medicine, Pathology, and Therapeutics, by Dr. Ranking. 2nd. A report on Surgery, by Mr. H. Ansell. 3rd. On Midwifery and Diseases of Women and Children, by Dr. Ranking. 4th. On Anatomy and Physiology, by Mr. Kirkes. 5th. On Physiological and Pathological Chemistry, by Dr. Day. 6th. On Forensic Medicine and Toxicology, by Dr. Guy; and 7th. On Materia Medica and Pharmacy, by Dr. Day.

These reports severally embrace an account of the progress made, and information attained, during the preceding half-year in the departments of which they treat, and though not all of equal merit, are yet all characterised by a fair and liberal spirit of criticism of the subjects referred to. They are, for the most part, sufficiently full to afford a good indication of the advancing state of knowledge; and at the same time contain references to the sources where details are more fully gone into. The reports become thus doubly useful; first, as affording to the practitioner, engaged in the active duties of the profession, with little time perhaps for general reading, a ready means of keeping up an acquaintance with the advancing knowledge of the day; secondly, as indices, to those who require special information, or are engaged in any subject of investigation in research, of what is doing, or has lately been done, and pointing out where they may obtain the latest and fullest account of the subject of their respective enquiries.

Lectures on the Nature and Treatment of Deformities,
Delivered at the Royal Orthopædic Hospital,
Bloomsbury Square, by W. R. TAMPLIN, F.R.C.S.E.,
Surgeon to the Hospital. Foolscape 8vo., pp. 267.

These Lectures have already been published in the columns of the *London Medical Gazette*, and it is at the request of several friends, as we are informed, that the author has been induced to republish them in their present form. To those who have not had the opportunity of seeing the lectures as they originally came out, or who may be especially interested in the subject, the present work will form a convenient means of becoming acquainted with the nature of these deformities, and with Mr. Tamplin's views on the treatment which should be employed to relieve them. Numerous wood-cuts, illustrative both of the affections treated of and of the apparatus employed in their cure, are given.

CASE OF POISONING BY STRYCHNIA.

Agnes French, aged 13, *September 27th, 1845*. Has been in the Glasgow Infirmary since the 16th instant, for eczema capitis, which is now nearly well. About half-past five p.m., swallowed three strychnia pills, which belonged to a paralytic patient in the same ward. Each pill contained a quarter of a grain of strychnia. She has been occasionally in the habit of taking medicines belonging to other patients. Twenty minutes after taking the pills, she said she felt a strange sensation in the head, and became almost immediately convulsed. The clerk was called, and visited her without loss of time. The following was her state:—The arms were found extended and rigid, as also were all the muscles of her body, which was bent backwards at a considerable curve; pupils were natural; pulse was obscured from the rigidity of the muscles, but impulse of the heart was strong; face was much flushed and lips livid; breathing rapid and difficult, but larynx quite free; spasms of diaphragm very marked; every few minutes she had a fit of general convulsions; the mind was quite entire, and great fear and anxiety for relief were expressed.

The cause at first being unknown, six ounces of blood were abstracted from the temporal artery. Cold lotions were applied to the head, and sinapisms to the extremities. Ten minutes after the symptoms began, the owner of the pills told the cause, when a scruple of zinc was immediately given, and large draughts of warm water, which were eagerly swallowed by the patient. No vomiting, however, was induced for about a quarter of an hour, although the fauces were tickled with a feather; and when the emetic operated, it acted very sparingly. All this time the opisthotonos and universal muscular twitchings had continued most violent; but now, during one of the ineffectual attempts to vomit, the rigidity of the muscles suddenly relaxed, and the spasmodic contractions ceased. The heart's impulse, previously strong, could not now be felt, and respiration was for the time extinct. Her face, which, from the commencement of the attack, had continued

deeply flushed, became gradually pale, from above downwards, her lips remaining livid. She was laid down, and seemed to recover slightly; her chest heaved slowly, and her heart beat feebly, and at long intervals. The flush also somewhat returned to the face, but with the exception of a few twitches, she had no recurrence of the spasms. The pupils were now dilated; the eyes fixed, and turned upwards. The stomach pump was suggested, and immediately applied, but without any good effect. In a short time the respiration again ceased, and the heart could no longer be felt. The flush, which had been but slight, again descended, and disappeared on the neck; artificial respiration, and galvanism to the phrenic nerve, were now tried in vain—the patient was dead. Death took place at three-quarters past six, p.m., little more than an hour after the poison had been swallowed, and in about three-quarters of an hour after it had produced its physiological effect.

Autopsy, forty-four hours after death.—Face placid; abdomen tympanitic; much lividity of depending parts. *Post-mortem* rigidity of body in general moderate, but fingers and thumbs very livid, half-flexed, firm, and somewhat elastic; integuments of scalp bled freely on being cut; brain and its membranes quite natural, excepting turgescence of velum interpositum and choroid plexus; spinal cord healthy; its investing membranes rather vascular; lungs much congested with venous blood; muscles of heart quite stiff; *the right ventricle was flattened into a sharp edge, and was quite empty; the left ventricle was also collapsed and empty*; the auricles were in a similar condition; the stomach contained a half-digested meal; its mucous lining was pale and natural; other viscera normal.

The foregoing case is reported by Dr. James Watson, physician to the Glasgow Royal Infirmary, in the *Monthly Journal of Medical Science* for December last. Taken in connection with some cases of poisoning from strychnia, which have been recently noticed in this Journal, it may probably prove interesting to our readers.

THE MILITIA ACTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Would you favour me with inserting the following in your Journal of next week, in reply to the quotation from the *Medical Times* upon the exemption of serving under the Militia Act.

W. W.

February 4th, 1846.

Militia.—If it is doubtful whether Members of the College of Physicians of London, and also Members of the College of Surgeons, are exempt from serving in the Militia; as a question of considerable interest to the profession, would it be amiss to suggest that now, as an amended Militia Act is about to take place, to endeavour by all means, that Members of the London Colleges of Physicians and Surgeons, and also Graduates of *British Universities* be exempted from serving or providing substitutes.

or, *third*, that we will discharge the duties of the Dispensary alone, provided it be converted into a City Dispensary and Infirmary, by attaching such a number of beds to it as may be required for the reception of such serious cases as cannot satisfactorily be treated at home, for want of convenience or the necessities of life; and can never be conscientiously consigned by us to the Infirmary with its present limited medical staff.

"3rd. That we give permission to the Sub-Committee to make what use they think proper of *these* resolutions.

("Signed.)

"SAMUEL KNOTT, M.D., *Chairman*.

"JOHN MORTIMER, Surgeon.

"PETER LINTON, Surgeon.

"FRANCIS W. KERR, Surgeon.

"THOMAS ELLIOT, Surgeon.

"RICHARD JAMES, M.D.

"JOHN HODGSON, Surgeon.

"THOMAS ELLIOT, *Secretary*."

The Chairman then laid before the meeting a copy of a plan for working the Medical Charities of the city, which had been delivered in 1841.

"And now gentlemen," said the Chairman "you have before you the whole of the information we possess in regard to the feelings and intentions of the parties. It is for you to decide upon the course which you will adopt. It is quite clear that something must be done to secure medical attendance, because I am speaking in the presence of those who are aware that all the duties are devolved on the Apothecary, and that it is beyond the power of one medical officer to perform them, however great or eminent he may be. One thing I may name. We have probably looked upon the attendance of the medical man rather in the light of bestowing a favour than of receiving one; *but I think that the medical man who gives his attendance is a more liberal subscriber than he who gives his ten or fifteen guineas*—(hear, hear, and applause)—*and in all appointments that are made, we must look upon them as receiving a favour*. With these remarks I leave it in your hands, for something must be done immediately, to clear the institution of its difficulty."

In the discussion which followed, Dr. Barnes having been appealed to, said—It is too much to expect that I should take all the duties of the Dispensary. I have now been connected with it nearly thirty years, and it has always given me great pleasure to serve the institution. Indeed, I look upon the time spent in the service of the Dispensary as the best spent part of my life; for I found it an excellent place for gaining information—extending my knowledge in the profession—and rendering service to my fellow creatures. But I think it is too much to expect that I should devote all my time to it, and I wish to see the number of its medical officers extended. I think the number is too little. Some years past I was anxious to give up the office which I hold in the House of Recovery; but there was no one to take it. I think also that the number of officers in the Infirmary is too little, and I resigned my office in it, in hopes to enable the Governors to come to an arrangement with the medical men of the city, but there was none made. I attended it four years in that hope, but at the end of that time, I was in no better position. I do not think that in a

month we can come to any better arrangement. I shall be happy, however, to join Dr. Lonsdale in carrying it on for a short time. I think there will be no difficulty in that. Carlisle is at present in a healthy state—there are only two patients in the Fever House, and the Apothecary is very diligent in the discharge of his duties. I often call in at the Dispensary, and always find him at his post, either dispensing medicines or attending the patients. I should be happy if you can come to an arrangement with the medical men. I think they should be consulted, if they are to give their time and professional talents to the institution. It is certainly a high privilege to dispense and render service to the public; but it is giving what is valuable, and their convenience should be consulted.

A temporary arrangement was then entered into, and the following resolutions, embodying this arrangement, were proposed and carried unanimously:—

"That the services of Dr. Barnes and Dr. Lonsdale be accepted."

"That the plans for the future medical government of the institution, promised by Dr. Lonsdale, be submitted to the Quarterly Committee, to report upon to a future general meeting, to be called by the Committee when they think proper."—(*Abridged from the Carlisle Patriot*.)

HUNTERIAN ORATION.

At a meeting of the Council of the Royal College of Surgeons, on the 20th of February, a vote of censure on the Hunterian Oration of Mr. Lawrence was proposed, seconded, and carried by a majority of seven to four.—*Medical Gazette*.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, March 6th, 1846:—H. F. Wilde; H. Hailey; D. Hooper; J. Snelling; W. E. G. Pearse; E. J. Burman; J. D. Rendle; J. G. Jones; C. J. Sylvester.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, February 26, 1846:—Charles Henry Dunhill, Pontefract; William Henry Parzey, Chelsea; James Mackie, Heighington, Durham.

TO CORRESPONDENTS.

Communications have been received from the Sheffield Medical Society; Dr. Cullen; Dr. Chambers; the Birmingham Pathological Society; and Mr. S. Smith.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princess Street, Sobo.

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WEDNESDAY, FEBRUARY 25, 1846.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

(Continued from page 52.)

POSTSCRIPT TO INFLAMMATION.

A comparative view of the nervous system leads to the general observation—1st, that the earliest form of spinal cord consists merely in a linear series of ganglia and nervous filaments; 2ndly, that this form supercedes a less regular series of ganglia and filaments in the simpler organization; 3rdly, that it persists in the more complicated, amidst superadded nervous structure. This last position has support in the metamorphoses of the *Sphinx Ligustri* already referred to, the former two in a comparison of the nervous systems of the annelida and myriopoda, with that of the mollusca.

Proceeding then, with the greatest caution, it may safely be said that comparative anatomy teaches us to look for laws of ganglionic action in the spinal cord, amidst its more perfect developments.

Without such laws of ganglionic action, physiology would be at a loss to account for the simplest reflex act, much more for those complicated phenomena of excited motion, wherein the *vis nervosa* acts in every direction. For example, the remarkable experiment of Dr. Marshall Hall, in which the spinal cord of the turtle, (*Chelonia Mydas*), being laid bare, (the head previously removed,) that organ was irritated, and sudden movements in the posterior extremities and tail, also slower and more continued movements in the anterior extremities, resulted.

Slow and continuous movements also of all four extremities, and of the tail, resulted, when the viscera being removed, the lateral nerves were divided near the extremities, and the part still attached to the spinal marrow was irritated.

Viewing these phenomena as arising from the action of the *vis nervosa* in every direction in the spinal marrow—incident and reflexed, upward, downward, and from side to side; the physiology appears admirably revealed, the anatomy hidden. But instead of viewing the spinal marrow as a fully developed organ, let it be resolved into types. Compare the simple reflex act in the higher classes of animals, in which a touch excites the action of the true spinal cord, and movement follows, with the same reflex acts in an insect, where a ganglion only corresponds to each pair of legs. Again, compare the more complicated phenomena of excited motion, as above detailed, in the turtle, where the spinal cord is of the highest type, with similarly complex

movements of an excited kind in the centipede, where it is of the simplest.

"The number and variety of the actions, to which the ganglionic column of the articulata is found to minister, after the cephalic ganglia have been removed, is very remarkable; and they seem to have a consentaneousness proportioned to the closeness of the relation between the nervous centres in different species. Thus in the centipede, we find the ganglia of each segment distinct, but connected by a commissural trunk; and here an impression made *equally* upon the afferent nerves of *all* the ganglia will produce a consentaneous action. If, for example, the stigmata on one side of a decapitated scolopendra be exposed to an irritating vapour, the body will be immediately flexed in the opposite direction, and if the stigmata of the opposite side be then similarly irritated, a contrary movement will recur; but different actions may be excited in different parts of the cord, by a proper disposition of the irritating cause. However great may be the adaptation of these movements to the purpose of removing the body from injury, there is no sufficient ground for supposing that they indicate *will* or even *sensation* on the part of the animal; since there is good reason for believing that these are extinguished by the removal of the cephalic ganglia; and the adaptation manifestly consists in the original adjustment of the functions of each individual ganglion. The foregoing, however, is a comparatively simple case, since the endowments of these ganglia are all similar. In the higher classes, where the ganglia of the locomotive organs are much concentrated, the same irritation will produce consentaneous actions in several members, resembling those which the unmutated animal performs, and still more apparently, therefore, indicating consciousness and will.

"Thus the *Mantis religiosa* customarily places itself in a curious position, especially when threatened or attacked, resting upon its two posterior pairs of legs, and elevating its thorax with the anterior pair, which are armed with powerful claws. If the anterior segment of the thorax, with its attached members, be removed, the posterior part of the body will still remain balanced upon the four legs which belong to it, resisting any attempts to overthrow it, recovering its position when disturbed, and performing the same agitated movements of the wings and elytra as when the unmutated insect was irritated." (Dr. Carpenter's Principles of General and Comparative Physiology.)

That the very wet season has had some share in generating and spreading this disease, can scarcely be doubted. Dr. Edward Harrison on this point says, "The connection between humidity and the rot in sheep is universally admitted by experienced graziers; and since the land in the county of Lincoln has been well drained, the rot is become far less prevalent." Sir John Pringle informs us, "that persons have maintained themselves in good health during sickly seasons, by inhabiting the upper stories of their houses, and by confining sheep on high grounds through the night, they have escaped the rot."

In the second report of the Commissioners on the state of large towns, and in Mr. Chadwick's last report of the Poor-law Unions, it is stated, "The existing drains favour rather than prevent the accumulation of refuse matter, as they are *flat at the bottom*; which, combined with a *defective supply of water*, lead of necessity to deposits, which, undergoing decomposition, give off those poisonous exhalations, especially sulphuretted hydrogen, which constitute one of the principal causes of fever, which ravages our towns and cities." "An ample supply of water is the prime essential in all sufficient draining." Dr. Arnott remarks that "the immediate cause of many of the diseases which impair the bodily and mental health of the people, and bring a considerable proportion prematurely to the grave, is the *poison of atmospheric impurity*; and it is through the *medium of the respiratory organs* that the *germs of typhoid*, as well as *intermittent and remitting fevers*, are introduced into the system." "The use of water, in a sanitary point of view, ought to include the supply of *water-closets*, the *scouring of pavements*, the *cleansing of carriage-ways*, and, above all, the *flushing of drains and sewers*." Sir James Clark regards "the respiration of a deteriorated atmosphere—one of the most powerful causes of tuberculous cachexia; and, if an infant, born in perfect health, of the healthiest parents, be kept in close rooms, in which free ventilation and cleanliness are neglected, a few months will often suffice to produce tuberculous cachexia." I am glad to see the bill in Parliament to remedy these evils makes a provision for "*an ample supply of water*."

The causes above-mentioned are in operation, more or less, in every town; and as it is very clear they are influential in the production and extension of fever, we must expect to find that disease more prevalent in towns than in the country, where the effluvial gases are more at liberty to follow the bent of their nature, and diffuse themselves through the circumambient atmosphere with velocities inversely proportioned to the square roots of their densities.

Some difference of opinion having been expressed as to whether fever can arise from the *want of a sufficient quantity of oxygen in the atmosphere respired*, which I am willing to acknowledge appears to me to have been the exciting cause of the epidemic I am now describing, I beg to quote a few passages from the most celebrated writers on this subject.

Dr. Williams, in his "Principles of Medicine," page 81, says, "The excretions are defective in fever; and there can be little doubt that many of the constitutional effects of these fevers are, in great measure, due to this important element. The positively noxious properties which excrementitious matter retained in

the blood is known to possess, must be taken into account when we attempt to explain the states of constitutional irritation and depression, with perversion of functions, which fevers so generally present. The changes in the blood, manifest in some cases by its fluidity and by petechial appearances, may also be referred to defective elimination of effete matter." At page 232, "The lateritious sediment in the urine indicates an increased excretion of the solid constituents of the urine, for there is often an excess of urea as well of the urates; and comparing this with the scanty secretion of urine during the febrile excitement, and the decay of tissues which is always taking place, we can scarcely avoid the conclusion that these excrementitious matters had been accumulating in the blood from the impaired function of the kidneys during the fever; and that now, as the fever subsides, and their function is restored, the accumulated matter is thrown off." At page 120, "It is supposed by most chemists that the urea excreted by the kidneys is chiefly derived from the transformation or decay of the textures of the body; most of their carbonaceous matter being abstracted by the affinity of the oxygen of the blood, and carried off by the lungs in the form of carbonic acid gas."

On referring to Professor Alison's "Outlines of Pathology," *impure air* is particularly mentioned as a cause of fever, *producing a general depression of vital action*. At page 485, he says, "We have good evidence that all these idiopathic fevers either originate from a malaria, or propagate themselves, in part at least, and in certain circumstances, by contagion." At page 506 "The malarious poison does not appear to diffuse itself readily through the air, nor to rise high above the surface emitting it; the inhabitants, even of a ground-floor of a house in a malarious district, being often affected in a much larger proportion than those of the upper stories. Although the heat of the sun appears to be one of the conditions of the development of the poison, yet its immediate effect on the poison that has been already evolved seems to be to dissipate and dilute it, for it is much more dangerous to visit the most malarious spots at night than at noon day." At page 523, "Whatever be the mode in which the morbid cause in fever comes to affect the circulation, it is to the *direct action of the cause*, and not to the influence of any local diseased actions, that we must ascribe the enfeebled state of the circulation, the altered state of the blood, the peculiar vitiated state of the secretions, and in a great measure also, the deranged state of the nervous system." "The sedative effect on the heart is often such as to enfeeble, and sometimes nearly to suppress, the febrile re-action, as in congestive fever; that on the brain may produce fatal coma, as in nervous fever; that on the vital functions of the capillary vessels may be such, and so long continued, as to cause fatal inanition and exhaustion." At page 141, of *Billing's Principles of Medicine*, he says, "From the very nature of fever, which I have described to be a disease essentially affecting the whole nervous system, it follows that the functions of the viscera must be disturbed; and though, as just pointed out, sometimes disease of one organ predominates, sometimes of another; yet, *every organ suffers more or less congestion in every fever from the loss of nervous influence*."

In *Müller's Physiology*, 2nd ed., vol. 1, page 159, it

is stated, "The absorption of oxygen, and the separation of a portion of carbon, (or carbonic acid,) are, therefore, the causes to which arterial blood owes its property of being the *sole stimulus of living structures*. Venous blood, which has not undergone this change, has a *poisonous action on the organs of the body, particularly on the nervous system, and annihilates their irritability*, its action being similar to that of *carbonic acid, sulphuretted hydrogen, carburetted hydrogen, and some other gases*, by which the *irritability of the organs of the body is destroyed*, and by most of which the *arterial blood is darkened in colour*." At page 345, "It appears that the quantity of gas contained in the blood amounts in the mean to 1-10th, and sometimes is as much as 1-8th of the volume of the blood itself; that the *oxygen in venous blood equals, at most, 1-4th, and often only 1-5th of the carbonic acid which the same blood contains*; while, in the *arterial blood, the oxygen equals, at least, 1-3rd, and almost one-half of the quantity of carbonic acid*."

Andral, Gavarret, Simon, and Dr. G. O. Rees, informs us, as the result of numerous experiments, that the blood in typhus fever is found to be very deficient in fibrin and albumen; it coagulates imperfectly, and often remains in a semi-fluid state; the clot is soft, friable, of a very dark, almost black-red colour, and is very rarely covered with a buffy coat, and very soon becomes putrid; and in the latter stages, the quantity of blood-corpuscles and solid contents decrease remarkably rapidly. In thoroughly-developed typhus, Dr. Armstrong found the blood of the temporal artery as dark as that of a vein; Dr. Stevens found the chloride of sodium in typhus blood very sensibly diminished; and Dr. Clanny found all the salts diminished.

It is well known that the atmosphere cannot be breathed by man with a larger proportion of carburetted hydrogen in it, than one part in ten; the proportion of *carbonic acid gas* in atmospheric air is never more than one part in a thousand; and that inhalation of sulphuretted hydrogen gas would convert the per-oxide of iron of the red globules of the blood (the oxygen carriers,) into a black sulphuret of iron; and, at once, prevent the change from venous to arterial blood.

What is malaria? It is the emanation from decomposed and decomposing vegetable and animal matter; carburetted, sulphuretted, and phosphuretted hydrogen gases with carbonic acid gas. The immediate effect of breathing an atmosphere charged with these gases, would be:—

1st. A diminished quantity of oxygen to combine with the carbon in the venous blood in the capillaries of the pulmonary artery; the blood would become loaded with carbon, and imperfect arterialization must be the consequence.

2nd. The brain and nervous system would be imperfectly stimulated by arterial blood; and as the quantity of carbon increased, the arterial would be converted into venous blood, or nearly so, which would have a poisonous action on the nervous system.

3rd. The blood circulating as arterial would not contain that quantity of free oxygen necessary to combine with the carbon and hydrogen of the metamorphosed tissues which it meets with in the general capillary

system, and therefore they could not be removed as they are in healthy circulation.

4th. The secretions would be stopped in consequence of the deteriorated quality of the blood, and loss of energy in the nervous system; and the excrementitious matter, instead of being excreted, would be absorbed and circulated in the blood.

We are all aware that every part where blood-vessels and nerves are to be found, is continually wearing away; and if the supply of oxygen, nitrogen, carbon, and hydrogen, be not constantly kept up, the individual must perish. He first loses his fat; then his muscles; and, lastly, the substance of his brain, followed by deranged intellect and death—just as we see in the advanced stage of fever. The seat of fever, then, appears to be in the capillaries; in this structure secretion, nutrition, waste and decay go on. As long as the *vital principle is greater than the chemical force*, health is the result. But when the *vital principle is deteriorated by a deficient supply of oxygen in respiration*, feverish action is the consequence.

The foregoing explanation may account for the cold or collapsed stage of fever very easily, which would terminate here, if the individual remained in so depraved an atmosphere as to be insufficient to supply oxygen enough to excite reaction. But it will be asked, how can the animal heat be so much increased as it is during the continuance of fever, if there is a deficient supply of oxygen. When *reaction* takes place, nature makes an effort to restore the normal state of the capillaries. Respiration and circulation are increased in speed; there is then a normal quantity of oxygen inhaled (if the atmosphere become pure,) with every inspiration, and the respiration and circulation are doubled; consequently the animal heat is increased nearly two-fold: The red blood-corpuscles, or oxygen carriers, again gradually resume their office; remove a portion of the decayed tissue; but, in consequence of the depraved secretion, and large quantity of carbon in the blood, it requires a certain time to overcome this derangement; and this time constitutes the *period* of the continuance of fever.

I would by no means wish to insinuate that this is the only mode in which fever is generated. It is often the consequence of animal poisons introduced through the capillaries to the nervous system; and many other causes of fever are too well known, and generally acknowledged, to require any notice here.

(To be continued.)

ON PLACENTA PRÆVIA.

(A paper read before the Medical Society of University College, London, on Friday, January 30th, 1846.)

By JOHN ELLIOT WOOD.

(Continued from page 85.)

Reflecting upon these circumstances, Mr. Kinder Wood, of Manchester, was induced to consider whether, in very urgent cases, we might not be justified in so far imitating nature as to extract the placenta before the fœtus, and by this means arrest the flow of blood. Writing in 1821, he says, "If we find so much exhaustion as to make us fear the effect of further

hæmorrhage, the first step would be to detach the placenta; by this means the hæmorrhage will be completely suppressed. The time required to separate the placenta is very short, and the loss of blood during the attempt exceedingly trifling. I have no hesitation in recommending that the placenta be separated completely, and the membranes ruptured, and that the hand be withdrawn immediately upon this being effected, leaving the child and placenta behind." Mr. Bryden, pupil of, and afterwards co-lecturer with, Dr. Radford, says that he has always been taught, and has himself insisted on, this practice in extreme cases. Mr. Wilson and Mr. Low confirm the fact that Mr. Wood taught and practised this method in 1822.* Dr. Radford, of Manchester, had a case in 1819, in which he removed the placenta, because it was hanging so low in the vagina, that no other plan could be pursued. He now recommends, in certain urgent cases, detachment of the placenta, as a preparatory means for the employment of galvanism in unavoidable uterine hæmorrhage; "for although," he says, "the practice of detaching the placenta may be a means of suppressing the bleeding, yet it will not restore the depressed powers of the woman, and on that account we still require an agent to induce such a degree of uterine contraction as will secure her from all chances of further hæmorrhage, while we have recourse to such measures as will tend to support her strength."† But it is to Dr. Simpson, of Edinburgh, that we are chiefly indebted for bringing the question of adopting or rejecting this practice most prominently before the profession; and it must be admitted that he has supported the practice he has espoused by sound reasoning and logical arguments. Thus much we may safely say, without compromising ourselves by giving an opinion as to the correctness of the premises from which Dr. Simpson's conclusions have been deduced.

It has always been admitted by the profession generally, that the operation of turning in placenta prævia is one of extreme danger both to the mother and child, especially perhaps to the former. Dr. Lee, in his lectures on this subject, in 1844, remarks, "*At the best it is a dangerous operation*, and you can never tell with certainty whether or not the patient will recover after its performance, however easily it may be have been effected."‡ And although this same gentleman now denies that any great mortality exists in the usual method of treating placental presentation, we may fairly doubt whether this remarkable change of opinion is the effect of more extended observation and further reflection on the subject.

Dr. Simpson has collected one hundred and forty-one cases, in which the placenta was extracted before the child; and in these cases a remarkable fact is that nearly one out of every three children survived, or thirty-one per cent. were saved, and sixty-nine lost. After the complete detachment of the placenta, the hæmorrhage was totally arrested in a large majority of cases; it was not alarming in its extent in a great proportion of the remaining instances; and in five only out of the one hundred and forty-one labours, did it continue so profuse under the circumstances as to be

considered alarming by the attendant. Out of the five mothers one only died; the other four all recovered. On the other hand, out of three hundred and ninety-nine cases, collected by Dr. Simpson from various authors, in which the usual practice was adopted, in one hundred and fifteen the result was fatal to the mother—a mortality as great as that of malignant cholera in 1832-33, and twice as great as the average in cases of lithotomy. Or, to put the matter in another light, in order to convince Dr. Lee, who was still sceptical, Dr. Simpson remarks that Dr. Churchill collected with much care the histories of three hundred and seventy-one cases of Cæsarean section; out of these three hundred and seventy-one cases, two hundred and seventeen mothers recovered, and one hundred and fifty-four, or nearly one in every two and four-tenths, died. This is exactly, and to a fraction, the degree of maternal mortality accompanying turning in placental presentation in the cases recorded by Dr. Lee in his Clinical Midwifery. "When we see," continues Dr. Simpson, "the results of turning the child in placental presentation in the hands of such distinguished accoucheurs as Dr. Ramsbotham and Dr. Lee, what degree of success can we expect to follow it in the hands of the general mass of practitioners?"

He recommends, therefore, the artificial detachment of the placenta, when rupturing the membranes is insufficient, and turning is either inapplicable or unusually dangerous. As, for instance, when the os uteri is so undilated and undilatable as not to allow with safety of turning; in most primiparæ; in many of the cases in which placental presentations are connected with premature labour, and imperfect development of the cervix and os uteri; in labours supervening earlier than the seventh month; when the uterus is too contracted to allow of turning; when the pelvis or passages of the mother are organically contracted; in cases of such extreme exhaustion of the mother as forbid immediate turning or forced delivery; when the child is dead; and when it is premature and not visible." He continues, "I believe that in the above and similar cases, by the introduction of a finger, or of a common sound or bougie, the placenta might be readily and completely detached, the attendant bleeding in this way arrested, and the labour subsequently be allowed to proceed to a natural and safe termination, if it were a head or pelvic presentation; and if the child were placed transversely, a more safe and proper period could be waited for, and selected for the safe version of it."§

From these facts and reasonings he gives the following summary of results:—1. The complete separation and expulsion of the placenta in cases of unavoidable hæmorrhage is not so rare an occurrence as accoucheurs appear generally to believe.

2. It is not by any means so serious and dangerous a complication as might, *à priori*, be expected.

3. In nineteen out of twenty cases in which it has happened, the attendant hæmorrhage has either been at once arrested, or it has become so much diminished as not to be afterwards alarming.

4. The presence or absence of flooding after the complete separation of the placenta does not seem in any degree to be regulated by the duration of time

* *Provincial Medical and Surgical Journal*, Feb. 26, 1845.

† *Ibid.*, Dec. 24, 1844.

‡ Lectures p. 373.

§ *Medical Gazette*, October 10, 1845.

intervening between the detachment of the placenta and the birth of the child.

5. In ten out of one hundred and forty-one cases, or in one out of fourteen, the mother died after the complete expulsion or extraction of the placenta before the child.

6. In seven or eight out of these ten casualties, the death of the mother seemed to have no connection with the complete detachment of the placenta, or with results arising directly from it; and if we do admit the remaining three cases, (which are doubtful,) as leading by this complication to a fatal termination, they would still only constitute a mortality from this complication of three in one hundred and forty, or one in forty-seven cases.

7. On the other hand, under the present established rules of practice, one hundred and thirty-four mothers died in three hundred and ninety-nine placental presentations, or about one in three.*

These statistics of Dr. Simpson's are disputed, however, by no less authorities than Dr. Ramsbotham and Dr. Lee. The former of these eminent practitioners states that, "Dr. Simpson's views are founded upon the singular and obvious fallacy, that because in a certain number of cases, (and those the most favourable for the ordinary treatment,) in which the placenta came away spontaneously before the child, and the woman recovered, the same good result should take place after the still organically adhering placenta has been torn away. This clearing away of the placenta was performed two hundred years ago by an ignorant and audacious impostor, on a lady who died in Paris, whose case is related with denunciations of the practice by Guillemeau."† Dr. Ramsbotham has omitted to inform us at what period after the operation this patient died, or indeed, whether she died from the effects of the operation at all.

Dr. Lee attacks these tables with still greater asperity. He says that, "there can now no longer be any difficulty in determining how much reliance ought to be placed on Dr. Simpson's statistics, and whether he has been sufficiently impressed with the importance of observing the most rigid accuracy, the most scrupulous regard to truth in forming statistical tables, from which it is proposed to adduce proofs in support of practice in the treatment of cases of such vital importance, and substitute another mode of treatment which is of the most dangerous character, fraught with inevitable destruction to the child, (?) and attended with no benefit to, if not actually increasing the danger to the mother."‡ He adds, that the cases of placental presentation he has met with are forty-five in number, and not forty-six as stated by Dr. Simpson; or if five cases of partial presentation be added, the whole number will be fifty. "Of this number, one woman died undelivered, and three others died, on whom the operation of turning was never performed. Of ten cases which terminated fatally after the operation of turning, three women died of uterine phlebitis long after delivery, a circumstance which could not justly be attributed to the operation. In a fourth case of turning, the uterus was lacerated, in consequence of a

great distortion of the pelvis. In a fifth, the patient was in articulo mortis before the operation was commenced. It is impossible to attribute the fatal result to the operation of turning in more than six out of these ten cases, and if the circumstances of these six be examined, it will be obvious that death could not have been averted by any other mode of treatment, and that if turning had not been practised, they would all have died undelivered."*

In spite of the positive nature of Dr. Lees' two last statements, we may be allowed to surmise that if in his fourth and fifth cases, the placenta had been detached, the result might possibly not have proved fatal; and from the facts already before us we are warranted in denying, *in toto*, the correctness of his concluding remark.

Proceeding to analyse these statements still further, he says that "in these fifty cases turning was performed only twenty-seven times, by myself in nineteen cases. Out of these nineteen there were four deaths; but one woman was moribund before the operation was undertaken; in a second, before I was called into consultation, so much blood had been lost that she died soon after delivery; a third, to whom a large quantity of ergot of rye had been given, died ten days afterwards of phlebitis; while the fourth case proved fatal in consequence of the great rigidity of the os uteri, which rendered turning impossible until she was in a state of complete insensibility from the loss of blood. The mortality, therefore, instead of being one in two and four-tenths, (as stated by Dr. Simpson,) is in reality less than one in nine. In the last sixteen cases of placental presentation which have come under my own immediate care, not one woman has died, though turning was performed in eight."

Judging simply from these tables of Dr. Lee's and Dr. Simpson's, without the opportunity of subjecting the former to that rigid scrutiny which the latter have undergone, it is evident that the mortality is much greater where the usual practice is pursued than where the placenta is detached, being in Dr. Lee's cases one in nine, and in those collected by Dr. Simpson one in forty-seven. Very many cases might be added to make this great difference still more remarkable.

Dr. Ashwell, another high authority, after premising that the mortality of one in three is too high, comments on the practice of Dr. Simpson, which he thinks has more of novelty than of safety for its recommendation, and is at a loss to understand how tearing away the placenta, through an aperture too small to admit the tip of the finger for the purpose of gentle and gradual dilatation, can be either easy or free from danger. He asks, if there is no risk that the finger nail, the common sound, or the bougie, as recommended by Dr. Simpson, may wound the developed and highly vascular cervix?‡ Dr. Ashwell's criticism would be more valuable if it had ever been recommended to pursue the practice which he condemns, which is not the case.

Mr. Newnham, of Farnham, attributes the success which has attended his practice in placenta prævia principally to his turning as soon as practicable, and distrusts the new practice; stating, however, that he can imagine cases, as in narrow pelves, or where the

* *London and Edinburgh Monthly Journal of Medical Science*, March, 1845.

† *Medical Gazette*, Sept. 19th, 1845.

‡ *Ibid*, October 24, 1845.

* *Medical Gazette*, Loc. cit.

† *Ibid*, November 7, 1845.

head is presenting, and it might ultimately be necessary to diminish the size of that head, in which the removal of the placenta might give room for the employment of the perforator. He concludes by saying that, "in cases of necessary hæmorrhage, the rule must still be to turn and deliver as soon as circumstances will admit; but when circumstances render this rule impracticable, it is a comfort to be able to fall back upon another practice with the conviction that it may be hopefully employed."* Mr. Newnham and Dr. Simpson, therefore, are agreed as to the value of the proposed treatment, and differ only, (if they do at all,) in the degree of importance each attaches to it.

At a meeting of the Medical Society of London, a discussion took place on the subject, Dr. Golding Bird and Mr. Crisp inclining to favour the new practice, while Mr. Dendy, Mr. Hadland, and Dr. Chowne condemned it. The latter gentleman remarked, that "though many cases were detailed in which separating the placenta and bringing it away had been followed by a cessation of the hæmorrhage, and the safe delivery of the patient; yet he did not think that the practice must be considered essentially proper and safe, merely because the dangers to which it was liable had not occurred. From the results of his own experience he was satisfied of the safety of the old practice, (!) and he did not consider that by separating the placenta we did anything to stop hæmorrhage, since this could only be averted by contraction of the uterus, over which we had comparatively no control."† And Dr. Lee, with his usual asperity, states that "he is firmly convinced that none but the most rash and inexperienced would have recourse to a practice which offers no advantage to the mother, and must be followed by the certain destruction of the child."‡

In conclusion, on looking at this subject candidly and impartially, we cannot, I think, deny that very great praise is due to Dr. Simpson, for the manner in which he has brought it before the profession. The practice advocated by him is supported by facts, by reasoning, and so far, by experience; and if the statistical tables have not been compiled with that degree of exactness which we could have wished, but which from the very nature of the subject is unattainable, still, with every allowance for these inaccuracies, they go far to prove the value of the practice which they are brought forward to recommend. The reasoning appears to be sound and logical; and whether the theoretical views as regards the source of the hæmorrhage be admitted or not, the facts drawn from these views, whether depending on them or not is of little consequence practically, cannot be denied; while as far as our limited experience hitherto can bear any testimony, either one way or another, it speaks trumpet-tongued in favour of the safety and efficiency of Dr. Simpson's practice. Out of the many cases recorded in the medical journals within the last four months, not one, so far as I know, when treated on the recently advocated plan, has proved fatal. A few of the most interesting of these cases may be here subjoined.

In the *Northern Journal of Medicine*, August, 1845, a case is related by Dr. Maclean, where the os uteri was dilated to the size of half-a-crown, the placenta

presenting, and hæmorrhage taking place at every pain, which had produced very great faintness and collapse. The child was dead, as ascertained by the stethoscope; the placenta was removed, all hæmorrhage ceased, and the woman was out of bed in a few days.

Mr. Wilkinsou, of Spalding, in the *Provincial Medical and Surgical Journal*, July 23rd, 1845, relates the case of a patient between six and seven months advanced in pregnancy; the os uteri dilated to the size of half-a-crown; the placenta presenting; hæmorrhage excessive. Stimulants were given; the placenta was removed, and all flooding ceased. The patient recovered.

In the *Monthly Journal of Medical Science*, June, 1845, there is the report of a case attended by Mr. Dix, in which the hæmorrhage was excessive, but the placenta was expelled before the child; and on total separation taking place, all bleeding ceased. The child had been dead some days; the mother gradually recovered.

In the *Lancet*, September 27th, 1845, Mr. Jones, of Llanfair, communicates another successful case. The os uteri was fully dilated; the hæmorrhage persisted; the placenta was removed, and the child expelled by the unassisted efforts of the uterus; it was dead. The patient recovered as soon as females generally do after an ordinary labour.

In the same journal, for June 7th, Mr. French, of Nantwich, relates a case in which there was profuse flooding; the placenta, however, was expelled by the uterus, and hæmorrhage at once ceased.

Dr. Walker, of Chesterfield, in the *Provincial Medical and Surgical Journal*, September 3rd, 1845, records a case where the flooding was alarming till the placenta was removed, when it entirely ceased. The child required turning afterwards, as it was an arm presentation, and was dead. The patient recovered perfectly.

In the same journal, for September 10th, Mr. Greenhow, of Newcastle, gives a case which was equally successful. The patient was in the eighth month of pregnancy; there was great hæmorrhage, the placenta being separated to a considerable extent, and protruding at the os uteri. The placenta was removed, and bleeding ceased; the child was dead; the patient did well.

In the same journal, for September 24th, a case is related by Mr. Parker, surgeon to the Bridgewater Infirmary, in which the placenta was expelled before the child. There was no hæmorrhage subsequently, and the patient did well. The child, it is presumed, was dead.

The last case to which I shall refer, is one which occurred in the practice of Mr. Wood, of Rochdale, and has not yet been reported. The os uteri was dilated to the size of half-a-crown, and easily dilatable; the hæmorrhage very great, and the patient becoming blanched and restless. The placenta was already separated for at least one third of its circumference, and the ordinary practice might readily have been adopted if it had been thought expedient. It was easily detached, and the flooding totally ceased; on a renewal of the examination, a foot was found presenting in the vagina, and the child was at once delivered. The patient suffered severely from headach for some days, but this was relieved by opiates; there was no untoward symptom; the child was dead.

* *Medical Gazette*, November 14, 1845.

† *Ibid*, Oct. 10, 1845. ‡ *Ibid*, Sep. 19, 1845.

It should, however, never be forgotten, that Dr. Simpson recommends the extraction of the placenta before the child in a limited number of cases only, and not as we might suppose, from a perusal of certain strictures on the practice, in every possible instance; and these are just the cases which have hitherto proved the most formidable in practice, and the most fatal in their results. Any plan, therefore, which proposes to diminish the risk and mortality in these most serious complications is worthy an extended trial.

The only disagreeable part of the subject I have purposely reserved for the last. It must be very painful to those whose object is the elucidation of truth, to observe the very intemperate tone in which this subject has been treated of by some writers, especially by Dr. Lee. If the practice advocated by Dr. Simpson implied a direct censure on Dr. Lee, the latter gentleman could not have levelled more abuse at it. Instead of regarding it as a plan of treatment put forth for the improvement of medical art, and as such, patiently testing its merits or demerits, the words "unjustifiable," "rash," "tearing away the placenta," &c., are constantly recurring. From a teacher to a pupil these expressions could scarcely be justified; from one professor of midwifery to another they are simply absurd; and this method of dealing with the subject cannot fail to have the opposite effect to that intended by Dr. Lee. People will think that there must be a strong principle of vitality in doctrines which require so powerful an acid to destroy them. Dr. Lee ought to know that bad arguments are not rendered more convincing by harsh words, while good reasons are spoiled by them; and should be told that the profession will never sanction the conduct of any who would sacrifice truth before an altar—however fairly adorned, or richly decorated—raised to the false Gods, jealousy and spleen.

A CRITICAL ANALYSIS OF THE PRINCIPAL FACTS OF DISEASE.

(Continued from page 71.)

POSTSCRIPT TO INFLAMMATION.

Sympathetic pains, and convulsions of a local character, (3) are explicable on the principles above detailed.

Pain has the same seat as sensation; it is sensation in excess; it is directed by the same laws of action. The subjoined case affords a good example of sympathetic pains and convulsive movements of simultaneous origin. E. C., a female, aged 22, was a patient under the care of the writer, in the County Hospital. She had suffered during a year from pain occurring every five minutes in the left hip-joint, and descending to the foot. The pain had been accompanied by a convulsive movement of the limb for eight months. There was also pain at the sacrum, and on pressure in the left inguinal region, extending thence to the sacrum and hip. Aching pain at the hypogastrium accompanied the other pains during menstruation, which was menorrhagic, and of seven or eight days duration. All the pains, as well as the convulsive startings, diminished greatly after the menstrual period. The patient also had pain in the descending colon, and at the crown of

the head, with an opening and shutting sensation there. She recovered after a lapse of some months, when the uterine functions had become more healthy.

This case presents one of numerous instances in which all the conditions of pain existed in the uterus, while reflexed pains only were felt. This distinguishes sympathetic from radiated sensation,—a subject suggestive of extensive consideration. The state of the uterus was unhealthy, and such as to yield incident impressions to the spinal cord, and reflex pains to the sacral plexus, thence to the sciatic nerve in its entire length, as well as to branches of the hypogastric plexus belonging to the recto-colon. The only vestige of pain at the seat of the disease is produced on pressing the left ovary; but while the uterine system is engaged in the performance of its functions, it is the seat of pain; then the primary incident tract is active throughout its course to the sensorium. In the intervals the secondary incident tracts only are active, those lying between the seats of sympathetic pains and the sensorium.

It is obvious that in this case the conditions of pain, not actual pain, in the uterus, impressing the incident tract, excited reflex movements in the limb, simultaneously with the excitation of pain there. These conditions reside in the capillary system, the functions of which are under the influence of the organic nerves. These nerves act insensibly on the circulation; but when this or the nerves themselves are disordered, the ganglionic or insensible functions are enlarged, and the impressions which they remit to the incident nerves terminate in the production of spinal or cerebral phenomena, (reflex motions and sensations,) as above explained.

The nervous and capillary functions have a mutual reaction on each other. The former in excess may excite changes in the latter, or capillary disturbance may give rise to nervous in the first instance, and in turn be reflected in the manner stated. One of the most remarkable facts in neurology is that the primary source of pain should not have an impression of its conditions transmitted to the sensorium, though the intensity of such impression is sufficient to excite reflex sensations and movements. In such a case what is the condition of the direct incident tract at the point of reflex action? The power to transmit impressions is evidently suspended between a point of the cord and the brain. Is that portion of the cord exhausted from the increased demands of the ganglionic system upon it under the influence of a morbid condition of capillaries?

The analysis of erectility (6) may advantageously follow in the discussion; there the same principles are brought to bear. The organic or emotional current, commencing at the brain, is transmitted to the erectile organs; increased capillary circulation follows. In this chain of phenomena is united the entire function of organic nervous structure. In erectility, as in blushing, emotion on passing the ganglia sets the capillary circulation into renewed action. Within the brain, and between it and the ganglia, is emotion; below the ganglia, sensation; and the result is rapid capillary circulation.

These organic nervous phenomena persisting, incident impressions are conveyed to the spinal cord and brain; in the former exciting reflex sensations and the

reflex muscular acts of erectility; in the latter, perceptions.

After what has been written, all other subjects connected with the influence of emotion on remote organs, form mere matters of detail. The great principle to be remembered is—the currents of the organic tracts of grey matter are from the centre or centres, centrifugal; that they are capable of being excited in any portion of the tract, whether directly, or reflected by the latter, as heretofore explained; the former by emotion or local irritation, of which neuralgic disease and injuries afford example. But frequent illustration of this principle has been withheld until now, in order that when brought forward it might be completely comprehended.

It has been shown already that the direct organic or emotional current is productive of tears and saliva; as well as the reflex organic current which is excited by stimuli through incident nerves, the impression of which falls on ganglia. Now this means of transmitting organic currents from their chief centre, is the most influential that exists in the production of direct involuntary movements (7.) The power of this current cannot be doubted for a moment when it is considered that it is capable of occupying every portion of the nervous system at the same instant, for emotion is felt in the whole frame. It is not surprising, therefore, that when the organic tracts are thus excited, of which the reflex centres in the medulla oblongata and spinal cord are only portions; numerous involuntary movements, as well as other functional acts, should be displayed. And it may be here remarked, that these movements, the cause of which is centric, are excited under circumstances which render certain excito-motory acts unusual, that is during consciousness. Yet it is observable that the will has no control over the agitated muscles during this centric or direct involuntary action. The simplest instance of this class of movements is tremor. Fear or excitement causes the frame to shake and the teeth to chatter; and among other functional changes, gives rise to increased elimination of aqueous urine, a parallel fact with lachrymation from the same cause. Amongst other effects witness the involuntary action of the muscles of the pharynx, and of the glottis, (globus hystericus;) the involuntary laughter; the tears; the convulsions which succeed emotion in the hysterical; the increase of the tremor in paralysis agitans, when the feelings are moved. Again, observe the movement which occurs in paralysed muscles during excitement, (8,) a phenomenon which shows that when the voluntary tract is disabled the centre of the excito-motor act is susceptible of a direct impulse by means of emotion.

How simple is the explanation which this theory provides of the most difficult problems in physiology, problems hitherto unsolved.

Another class of phenomena, the influence of the passions on the viscera, (9,) finds easy solution from the same law. Of emotions acting through the organic grey fibres in the central nervous system, the influence is communicated through this structure in the cord to motor fibres, which are distributed through sympathetic ganglia to the heart, and to the intestines; whence palpitation, increased peristaltic action, and the like. The same emotions disturb the circula-

tion of these parts at the same time, by acting through the grey fibres of the cord which proceed to the same parts, and may thus give rise to excito-capillary phenomena, such as increased secretions within the range of the digestive organs.

The effects of mental depression in producing opposite results, in diminishing the biliary and other secretions, and in diminishing the force of the heart, is worthy of passing comment. In this state the accumulation of nervous power is diminished in the grey masses of brain, its distribution through the organic tracts of the system curtailed. In fact, to this cause is attributable a failing supply of the vis nervosa, and the consequences of its failure.

The subject of metastasis, owing to its importance in pathology, deserves a separate consideration, especially in relation to the transference of disease from one viscus to another. After the due influence which has already been assigned to the ganglionic system in the production of capillary phenomena it is unnecessary to say more, physiologically, than that the study of the sympathetic nervous system in man must be on the same principle as laid down for that of the spinal cord, the impression being incident throughout, but reflex at each ganglion,—reflecto-capillary: congestion, or inflammation, or morbid states of the blood, among other causes, being the excitors. It is found that inflammation in one organ will give rise to the same disease in another organ; that congestion, or simply irritation, is transferable in the same way. But since these transmitted actions must pass through the nervous systems of intervening organs before reaching that in which sympathy is finally manifest, it is evident that organs becoming affected secondarily by sympathetic influence, are in a state of predisposition to be impressed by it, otherwise why should not the intermediate organs themselves be equally affected? This predisposition is a fact observed both in healthy and unhealthy states. It belongs to the uterus and mamma in health; to the testis and parotid gland in disease. The series of actions, however, which metastasis involves, places the intermediate organs in a state of physiological sympathy with those which are constituted seats of disorder. Whether resemblance of structure or functions forms the grounds of predisposition in distant parts, it is impossible to risk a conjecture; other organs, however, may be disturbed functionally, whether the more active symptoms be confined to one or transferred to other parts, as manifest in those changes which characterise febrile disorder.

It is now time to consider the relative degrees of shock caused by nervous injury and hæmorrhage, as observed in recent enquiries made by the author into that important question.

(To be continued.)

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 4, 1846.

In these times of vacillation and excitement, when a constant thirst after change, whether for good or for evil is yet questionable, marks the feverish state of public affairs, it is refreshing to note the onward progress of institutions of unquestionable utility. There are some few oases fitted for calm reflection yet left amid the turmoil and agitation of the vast political desert to which the wearied attention may turn for relief, and where the repose and tranquillity of purely scientific pursuits have attraction enough to draw off congenial spirits from the keen contests in which the faculties, the powers, and the intellect of the many are so deeply engaged.

The cultivation of science, for its own sake, and the acquirement of knowledge of various kinds, with a view mainly to the benefit of the community in general, are surely objects worthy of every support. It is with sincere pleasure, therefore, that we feel ourselves at any time in a condition to point to such objects, to recommend them as deserving of encouragement and support, and to induce others to aid in their promotion, and to contribute to their success.

Among the many useful institutions of this description, to which the advance of knowledge, and the requirements of the age, have given birth, there are none of more extended utility, none likely to prove more practically beneficial, than the new Royal College of Chemistry. The fascinating nature of the science; the beauty and attractive interest of the experimental illustrations which it offers; the explanation which it gives of many kindred sciences, of the arts and manufactures; the insight which it affords into the operations of nature and the works of the Creator, are all so many claims which chemistry has upon him who would be acquainted with the world of animate and inanimate objects by which he is surrounded, and of which he himself forms a part.

To the lover of knowledge, therefore, such an institution affords valuable means of adding to his accumulating store; but in an age of ultra-utilitarianism, the *cui bono* is ever forced on the attention, meets us at every turn, echoes its cuckoo note through the very halls and sanctuaries of literature and science, and is heard even in the inmost penetralia of the closet or the laboratory. Happy is it for chemistry that she is able well and satisfactorily to respond to the call. It is through the analytical and experimental processes of this beautiful science, that the artizan and the manu-

facturer attain much of the excellence which now distinguishes their varied productions. The agriculturist also, is taught to make two blades of grass grow where one only grew before; by chemical analysis he learns in what, and to what extent, the soil of his lands is deficient, and by chemical experiment where and how to supply the deficiency. It needs not to pursue the illustration into our own more immediate domains, nor to call upon the physiologist to acknowledge the assistance he derives from chemistry, in understanding the functions of the living organs, the growth, the nutrition and the decay of the animal organism. And for the *cui bono* also, it will suffice to refer to the light thrown upon the investigation and treatment of disease by the chemical researches of Liebig; by the labours of Prout, of Golding Bird, Rees, and others who are following in the same course. It is with sincere gratification, therefore, that we commend to the artizan and manufacturer, to the agriculturist, to the naturalist and the man of science, to the physiologist and the physician, an institution expressly established and so well fitted for the cultivation of this branch of knowledge.

From what transpired on the occasion of the recent visit of his Royal Highness Prince Albert to the College, we learn that the building of laboratories is to be immediately commenced. A special demand must, therefore, be made on the funds at the disposal of the College, to meet this requirement. That these may prove sufficient for the purpose, without the exercise of such a spurious economy as shall defeat or injure the intended object, is greatly to be desired; and we earnestly hope that the munificent example set by his Royal Highness may not be lost upon those whose means enable them to follow it.

An Essay on the Use of Narcotics, and other Remedial Agents calculated to produce Sleep, in the Treatment of Insanity. By JOSEPH WILLIAMS, M.D. Post 8vo., pp. 120.

The want of sleep is often among the earliest symptoms which indicate approaching insanity, and to procure sleep under such circumstances—in other words, to induce that tranquilized state of the system which admits of sleep, is often to ward off the threatened attack, or as the author of the Essay before us remarks, to effect a cure. But the question in such cases is not as to the indication, but as to the best mode of fulfilling it so as to meet the peculiar features of each individual instance. Dr. Williams endeavours to answer this question, and examines the means at our disposal for obtaining sound and refreshing sleep, both in the pervigilantia which frequently precedes, and

that which often accompanies, the attack of insanity. He is thus led to examine in succession the effects of various agents in the treatment of cases of insanity,—bleeding, purgatives, emetics, opium, morphia, digitalis, hyoscyamus, hydrocyanic acid, and others of the narcotic and sedative classes; stimulants; baths of various descriptions; exercise, employment, amusements, and the means in use for the general management of the insane. On most of these subjects the reader will find judicious remarks and much useful information, and what adds to their value, comprised within a reasonable compass. The following cautions in the employment of narcotic remedies in insanity should always be kept in view :—

“When inflammation of the brain or of its membranes actually exists, opiates must not be given, or the symptoms will be aggravated and even coma may be produced: indeed wherever there is considerable arterial action with a hard full pulse, antiphlogistic measures must be resorted to before giving narcotics. Broussais never gave a narcotic until the antiphlogistic treatment had been carried as far as the powers of the patient would permit. It is most important to ascertain what are the complications with insanity, whether the brain, membranes, heart, lungs, liver, kidneys, &c., are involved; opium being peculiarly contra-indicated where the abdominal viscera are at fault.

“If, in doubt, the mildest narcotics should be prescribed, such as henbane and camphor, or in some cases digitalis, or calomel and antimony, or James’s powder may be combined with opium, or digitalis with opium or colchicum; but generally, the safer practice, when in doubt, would be to order the hydrochlorate of morphia, remembering that, in most cases, it will first be necessary to purge. At the same time it must not be forgotten, that tepid, warm, or cold baths, refrigerating the head, with the use of the pediluvium, may sometimes be very beneficial, when the employment of any narcotics would be positively injurious.

“It is well known that absolute repose, and quiet, are very essential in the treatment of incipient cases of mania; and whenever it is necessary to administer a narcotic, it is important that the room be kept very quiet, generally dark; and usually it will be advisable to keep the body warm, and the head cool.”

MEDICAL REFORM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subject of Medical Reform seems to be one of those questions that are destined to undergo a periodical revolution of commotion and quiescence; for since it has passed through its fervent perigée of 1845, and now, out of the attraction of the central focus, it appears, in its orbital progress of 1846, to be retreating to its former apogée of cold neglect in the wide and disturbed regions of uncontrolled repulsions and of nebular confusion.

But to forego metaphor, it is much to be regretted that nothing on the legislative reform of the medical

profession is promised by Government this session. It was confidently hoped by many of our fellow members, that the case would have been otherwise, seeing that so much had been accomplished last year, and how generally and amply the sentiments of all branches of the profession on the important subject had been ascertained; and laid in *culmo*, as it were, on the table of the Home Secretary. No reason has been assigned for the abandonment of this measure, and it would be, perhaps, difficult to render one that would be satisfactory, or even justifiable, beyond the unwillingness to resume a task which has hitherto been unpleasant, if not vexatious. But in this *quietus* of legislation, it is easy to see that the profession is left in a worse condition than if the question had never been agitated. The fabric, insecure before, has thereby received a general concussion. Disorder and irregularity did more or less prevail; but then some respect to prescriptive rights and enacted law, with fear of its violation, remained. But now the opinions and declarations of men in power, and of others out of power, but of influence and of an aggressive spirit, have unsettled and confounded the rights and privileges of the several sections of the profession. In short, every member is left to do what pleases his own eyes, and to pursue, *quocumque modo*, what seemeth to each either safe or expedient.

It is not altogether to be regretted that the bills of last year are lost. They were all little honourable to the profession, the members of which were looked upon by their tenor as a body rather to be placed under police regulations, than as one consisting of devoted pursuers of science and practisers of a Divine art, that called for encouragement, improvement, and protection. The bills were, moreover, loaded with too much machinery; too much was left dependent on the *dicta* and the patronage of the powers that be, and too little consigned to the collective wisdom and regulation of the profession within itself. Professional divisions and distinctions were also too much recognized and provided for; instead of endeavouring to diminish the number and prominence of these invidious *insignia*, in a profession, which, obeying the spirit and wants of the age, is, practically, tending to a republic in attainments and honours.

However little reason there is to lament the *syncopal* condition, if not the absolute *asphyxia*, of the bills on the above accounts, yet we must acknowledge they embraced many highly useful and necessary provisions—such as the equalization of medical education, and equal privileges and rights to practice every where in her Majesty’s dominions, along with the registration of all qualified practitioners.

These three highly important objects should ever form the triple foundation of the profession; and until they are sanctioned and secured by statute, there can be little solid peace or well-being in our ranks through the three kingdoms. These simple but important points are all which the profession essentially wants; the rest of the superstructure must be completed and ornamented by the zeal, study, talents, and the moral and religious lives of the members themselves. It is, therefore, worthy of consideration how these deeply desirable points are to be obtained, and that in the least complex and most practicable manner.

For this purpose, it appears to me, that all uni-

versities, colleges, faculties, and corporations, now empowered to grant titles to practice and medical honours, may be further authorized and required by Act of Parliament, to collate, arrange, and equalize these respective *curricula*—imposing a *minimum* of five years study, at recognized schools, on all students preparing for the profession, but fixing the age of 21 years as the earliest, for obtaining, by examination, the license of an apothecary, 22 for a surgeon or bachelor of medicine, and 25 for obtaining a doctor's degree.

The general *curriculum* so determined on for each class of aspirants, may then be submitted, previous to adoption, and from time to time, as the case requires, to the Home Secretary or the Lord Chancellor, for the time being—who are moreover to be empowered to appoint visitors when and as often as either of them may see fit. All holding such degrees, diplomas, and licences, granted as above, to be entitled to *equal rights and privileges*, according to their respective grades, throughout the three kingdoms and the colonies.

The registration of all such qualified members of the profession, as well as of those qualified and already in practice, may be effected, in rural districts, with the clerk for the county, and in boroughs, with the town's clerk, on the payment of a small fee annually—and these registries to be either open for inspection, or published every year, and to be held in law and social policy as the only authentic records of the qualified members of the profession in practice.

Such a legislative scheme as I have thus ventured to propound appears to disturb no existing rights, nor to impair the privileges of any of our several colleges and corporations, and therefore it may be held within the scope of attainment; for when we cannot obtain the more splendid but the more complicated, we may likely find ourselves in a better position with the more simple but the more practicable and ready measure.

Yours, &c.,

J. BLACK, M.D.

Manchester, Feb. 12, 1846.

ANECDOTA BODLEIANA: UNPUBLISHED FRAGMENTS FROM THE BODLEIAN.

(Continued from page 91.)

EXTRACTS FROM DR. WILLOUGHBY'S PAPERS.

7thly. *Of the Flux, and by the by of the Temper of the country.*—The flux, both white and red, the usual reproach of this country, has of late years run so low in our bills, that it seems near extinct, all that perished of it in six of these years not exceeding 364, which will not amount to six in five weeks,—a small mortality. To what we owe this happy change is not easily determined, unless we impute it to a mending of the air since the draining of so many bogs, since English planters and their husbandry came among us. If that be the true cause, there is a great deal of work yet left for posterity; it is certain that our air is milder and less different from the temper of England than formerly, our winters not so rainy, and we have upon our bills fewer that die of consumptions than formerly; and whereas there is a great deal of bog lands yet left

in Ireland, our country is yet capable of being improved to a greater degree of salubrity: but that work is reserved for some public purse; it will be beyond the power of a few private fortunes to undertake so vast an expense. Such an army as was maintained in the time of a long peace during the reign of the late King Charles, would have been more serviceable to the public in such a work than unnecessary watching and warding; and by being kept in continual action, would have been hardened and made fitter for service in time of need, than by such a lazy life as commonly soldiers lead in time of peace. We discourse (but with how much truth I cannot tell,) of bottomless bogs. If any such thing be, I suppose they must lie about the West of Ireland, where a vast tract of sea, continually beating upon a low shore, hinders the earth from knitting, keeping it in a spongy loose texture; and that may possibly be the reason of so many bogs in Ireland more than in other countries of its bigness. Yet I will not lay the blame altogether upon Nature, and excuse my countrymen from contributing by their laziness to their own misery. It is so natural to them, that I cannot suspect but that it was as great in former ages as now; for I question not but some of what is now bog-land, was formerly woodland, and some under other husbandry, which by neglect of culture grew in time to have many broad patches of standing water. This so soured the glebe that it was unfit for any of those productions which other land yields for the service of mankind. A good numerous colony of Dutch (who have given such demonstrations of their industry at home,) would do us this service, and a great many others that we stand in need of, as the erecting of manufactures, and sowing new grains for the use of those manufactures, and others for pasture, sorts of husbandry which have been attempted by some few, but, like all novelties, fell again for want of followers. The quantity of unprofitable land now in Ireland would find work for a great army to reduce it to profitable, which, if undertaken by the Crown of England, would in time turn to its great advantage. The Romans, in time of peace, used to employ their armies in building of public inns, hospitals, and work-houses, in making of causeways, bridges, and vast aqueducts, and other structures of public use and greatness; and if the same were practised here, whenever it shall please God to restore this kingdom to the same peace and tranquillity it formerly enjoyed, the revenue of the Crown would quickly be sensible of the improvement; to which purpose I do humbly propose, that, whenever a Parliament is called in this kingdom, an Act may be made to oblige every proprietor, that will not improve his waste land himself, to make over four-fifths of it to the Crown, upon condition to have the last fifth improved to his hand at the charges of the Crown; and because order and discipline is very necessary to be continued in any body of men that live upon the King's pay, the soldiers that are employed in this work may be obliged to march out of their quarters in rank and file, with drums beating and colours flying, as in time of service, and in the evening to return home again in the same order. The advantages the Crown will receive by this project are many and great; as first, a great scope of new crown lands will be acquired, sufficient to maintain a numerous army, out of which great bodies may be drawn as often as occasion shall

require for foreign service; Ireland will thus be made a nursery of soldiers for the use of England. And when hospitals and work-houses are built, which ought to be the next thing after the improvement of the land, (since no country is fitter for them than Ireland, where provision is cheap, and navigable rivers and good sea-ports plentiful,) not only the army may be fed and clothed with the produce of their own labours, but their wives and children will be provided for in hospitals and work-houses. This will increase the people of the nation, at present much underpeopled; for, whereas women are afraid to venture upon soldiers, who, in the time of desperate service, run so many hazards of their lives; and officers are unwilling to entertain married men in their companies; both these objections are removed when the widows and orphans of such as perish in service are sure to be provided for in hospitals and work-houses. Trade would hereby be increased, and large warehouses furnished with commodities which may expect a good market; whereas, your scanty trader, who depends more upon the quickness than goodness of his return, is often fain to part with his goods at an under rate, because he cannot afford to be any longer out of his money. It will be argued that increase of husbandry in this kingdom will turn to no account, since what we have already does much exceed the consumption of the country. I answer, that the loss, if any, will fall first upon the private proprietor, and not upon the Crown; since the great consumption of the nation being the army, will be served out of the produce of crown lands, which therefore will never want a vent for their commodities; nor is it necessary, if workhouses be erected, that it should all lie under tillage and pasture; but it may be made to produce other things serviceable for manufactures. In the reign of the late King Charles, there was an Act of Parliament made for sowing such a quantity in every town land with hemp and flax, under a certain penalty. The collecting of the penalty was at first neglected, and in time it swelled to such a bulk, that it would have ruined the nation to have paid it all at once. It is a pity but that Act should be revived, and the great arrear forgiven, to free the people from the great fear they are in of having it one day demanded; but a severe injunction should be made to collect the penalty for the future, (which being small would be easily paid yearly,) or at least prevail with them to put the statute in execution. I have heard some say that in some town lands there would be no ground proper for hemp and flax, that others do not lie near good markets, where the manufacture can be disposed of on good terms. To all which I answer, that there are other places, where, if the manufacture were once begun, a great deal of more ground might with advantage be laid under the same crop, and would be so, undoubtedly, when manufactures increased amongst us. As for those other places, the loss will not be great for the country if they yield no profit, when in satisfaction of the statutes they are sowed with those seeds; for tillage and pasture, ~~to~~ which they are now converted, is already too great for the consumption of the nation.

(To be continued.)

ROYAL COLLEGE OF SURGEONS.

NEW CHARTER.

It is stated that a new or amended Charter is about to be granted to the Royal College of Surgeons, to enable the College to do justice to its members, by conferring the fellowship upon such as are really entitled to this distinction, but have been excluded under the existing Charter. "From what we can learn," we quote from the *Medical Gazette*, "the only cause of delay at present, is the drawing of a fair and clear distinction between those who should have the fellowship granted to them *de jure* under the New Charter, and those who should be altogether excluded."

MEDICAL INTELLIGENCE.

Mr. Anthony White has resigned his seat as a member of the Court of Examiners of the Royal College of Surgeons.

The Fothergillian Medal, for an Essay on the Pathology and Treatment of Scrofula, has been awarded to Dr. R. M. Glover, of Newcastle-upon-Tyne.

It is in contemplation to erect a statue at Rouen, to the memory of the late M. Flaubert, Surgeon-in-Chief of the Hotel Dieu, in that city.

Dr. M. S. Buchanan, of the Andersonian University, Glasgow, has announced himself as a Candidate for the vacant chair of Anatomy in the University of Edinburgh.

OBITUARY.

Died, on the 18th inst., at Heigham, Norfolk, aged 59, W. O. Locke, Esq., M.D.

At Paris, Dr. De Lens, Member of the Academie de Medecine, and formerly Inspector-General of the University.

BOOKS RECEIVED.

A Manual of Medical Jurisprudence. By Alfred S. Taylor, F.R.S., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Second Edition. London: Churchill. 1846. Fcap. 8vo. pp. 704.

Phrenology, its Nature and Uses: An Address to the Students of Anderson's University, &c. By Andrew Combe, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., &c. Edinburgh: Maclachlan and Stewart. 1846. 8vo. pp. 32.

TO CORRESPONDENTS.

Communications have been received from Mr. J. C. Parker.

The continuation of Dr. Watson's paper on the Epidemic Fever of Liverpool next week.

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OBSERVATIONS ON AGUE.

By RICHARD CHAMBERS, M.D., Physician to the
Essex and Colchester Hospital.

John Copesey, aged 18, a sailor, applied as an out-patient of the Essex and Colchester Hospital, November 20th, 1845. He stated that he had been fifteen months ill with ague, which at first was a tertian, but latterly has assumed the quartan type. He was under the care of three different medical men, and had also applied to a lady in his neighbourhood; but from none of them did he derive the slightest benefit. I could not learn any particulars of the treatment that had been adopted, except what might be concluded from a message that he brought me, to say that he could not bear the use of quinine. At present he feels weak and exhausted, and looks anæmic; pulse 60; bowels confined, motions dark; urine scanty; tongue furred, at the base; and he has a bitter taste in his mouth. He complains of heaviness in the hypochondria; the feet and ankles swell towards night, and there is a degree of puffiness of face,—in a word there is congestion of all the viscera. The action of the heart is regular, but extremely laboured, it appears as if it is overloaded.

Fiat venesectio ad oz. x.

R. Quinæ Sulph., gr. x.; Acid. Sulph. Dil., m. ij.; Aquæ Menthæ Pip., oz. j. M. Fiat haustus quam primum sumendus.

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December 1st. He has not had a paroxysm since the 19th, that is, the day previous to his admission on the hospital books. He feels much better; pulse 72; tongue clean; bowels regular.

R. Extract. Colocynth. Comp., gr. iij.; Pil. Hydrarg., gr. ½; Pil. Scillæ Co., gr. iiss. M. Fiat pilula omni nocte sumenda.

Cont. Haustus.

He continued this medicine for a fortnight, and having remained free from the ague, he discontinued further attendance, and up to this moment has been perfectly well.

Although the treatment of ague by quinine partakes in some measure of empiricism, we shall find, on examination, that it is based upon correct principles; and that in those cases which prove refractory to this parti-

cular treatment, the blame is attributable, not to the remedy, but to our inattention to those principles which we recognize, (and which are deemed so essential,) in the management of other diseases. It is true that quinine will alone, in the larger proportion of cases, be adequate to the removal of the disease; but in cases of long standing, we meet with congestions of the internal organs, which interfere with, or even altogether forbid its employment; and if these congestions are not removed, we will be unable to cure the disease, although we may arrest it temporarily.

In a former communication on this disease, which is inserted in No. 44 of the last volume of the Journal, I stated that I had experienced unexceptionable success from the use of ten-grain doses of quinine, followed up by smaller doses; and that I had not met with a single case in which, through idiosyncrasy, or other causes, I had been prevented giving the quinine. As the case which I have just detailed could not bear the quinine before he came under my care, I resolved on giving the matter a fair trial. But first let me again mention an outline of the case:—

There was congestion, and consequent inactivity, of all the excretory and secretory organs; the blood was increased in quantity, but deteriorated in quality; there existed that state which Dr. Turnbull, in his lectures in the *Lancet*, alludes to as anæmic plethora. There was mental and physical depression, in consequence of the long duration of the disease, and its resistance to treatment. It was evident, then, that relief to the congestion was of primary importance; yet his feeble pulse, and his weak and pallid appearance, almost forbade having recourse to depletion; however, all doubt as to its propriety was quickly removed on referring to the heart, from the laboured action of which it was evident that the feebleness of the pulse was merely the feebleness of oppression. Accordingly he was bled to ten ounces, and took ten grains of quinine before he left the hospital, and in addition I directed him to take a glass of gin-and-water, as he had a long journey to go, and the day was cold. The quinine was continued for three weeks, and during the whole period it did not produce the least unpleasant effect. It is, then, I think, apparent from the result, that the obstinacy of the disease, and the disagreement of the quinine, arose from non-attention to the co-existent visceral congestion.

But to me the case appears to derive its chief interest as an illustration of a rule of practice applicable to this and several other diseases, and one not sufficiently attended to. As an example, I will take neuralgia. It must be familiar to us all to see a case that has been

aggravated by iron in the hands of one practitioner, cured by the same remedy in the hands of another, with this difference, that the latter may have prescribed a few blue pills and a saline aperient; nay, more, a remedy may be borne to a certain point, congestion may then arise, the remedy disagrees, and without any effort to remove the congestion, the remedy is condemned, and of course discontinued. Quinine and iron afford daily illustrations of this fact.

In the last number of the *Dublin Journal*, there is a paper by Dr. Graves, on the relapsed period of ague. The paper is one of great interest, and will be read with that attention which everything emanating from one who has so earnestly and so successfully devoted himself to the advancement of clinical medicine is entitled to. It does, however, appear to me, that the practical deductions he has drawn are not warranted by the facts of the case he details. A brief outline of the case will be necessary before passing it in review; my space is necessarily too limited to transfer the whole, I beg, therefore, to refer my readers to the original for full details.

"The case I am about to detail, possesses likewise several features of practical interest, and serves to show that a very obstinate species of ague may be cured by the use of quinine alone, and that very large quantities of that powerful medicine may, under such circumstances, be taken, not only with impunity, but with advantage. A boy, of good constitution, and eleven years of age, had been at a boarding school in Kent during the spring and summer of 1842, and remained in perfect health all that time. In autumn he was very imprudently allowed to bathe daily in a pond of stagnant water, and he frequently continued in the water for more than an hour. In the November following, feverish symptoms exhibited themselves, and he was several times an inmate of the school Infirmary; his disease was considered to a frequent return of feverish attacks, from cold and indigestion; and accordingly he was treated by confinement and low diet, with mercurial and saline purgatives. Notwithstanding those remedies the disease frequently recurred, nor was its true nature ever suspected by the medical attendant. He arrived in Dublin on the evening of the 16th December, and the moment I saw him I concluded from his complexion that he had ague."

On the next day the ague shewed itself, and continued to recur, (with the exception of a few intervals,) for a period of two years, during which time he took the enormous quantity of 1680 grains of quinine, in doses varying from five to ten grains.

"With respect to the manner in which quinine was used, the following observations may be made:—At first I give it in the usual manner, until the particular series of fits ceased, and persisted in its use for ten days or a fortnight, gradually decreasing the quantity taken. This is the method generally recommended by authors, and it is founded on the notion that it is necessary where the medicine is given in large doses, not to omit its use abruptly, lest the system should feel the loss of the powerful tonic. My experience in this and other cases leads me to doubt the accuracy of the reasoning upon which this treatment is founded, and I am convinced, that in following this rule, we are defeating our own object, by accustoming the constitution to the medicinal effects of the quinine, at a time

when the ague fit is absent. The quinine is the proper antiperiodic of the fit, and while the fits require the medicine, it is borne well by the constitution. On the contrary, when the fits are absent, its curative effects appear to be diminished, and the constitution becomes so accustomed to it, that when the disease again requires it, the medicine no longer exerts its anti-aguish influence. We have an analogous example in the case of mercury, of which moderate quantities, judiciously exhibited, are sufficient to cure the venereal disease, provided the mercury is given when venereal symptoms are present, and only in the quantity necessary to control these symptoms. If it be given by way of prevention, when these symptoms are not present, or in too great quantity when they are, the system in either case becomes saturated with the mineral, but it is not protected from the further ravages of the venereal disease. The second mode of treatment which I adopted was calculated to avoid the inconvenience already pointed out. This method consisted of giving quinine for four successive days, and intermitting it for the six following days, thus embracing the interval comprehended in three fits. By these means it was hoped to keep the system sufficiently under the curative influence of quinine, while we avoided rendering the constitution too familiar with the medicine, the six-day interval preventing it from being saturated by the quinine. This method of treatment seems to have been eminently successful, and under its influence the disease abated in violence, the frequency of attacks decreased, and the long interval of 136 days was at last obtained. Finding however, that though it had broken the violence of the disease it had not extinguished it, I tried another on the third plan, which was to give no quinine until a well-marked fit or shadow of a fit occurred, and then at once to use the medicine in large doses, so as to stop the fits as soon as possible. The moment this object was accomplished the medicine was omitted, and was not again given until the paroxysms recurred, when they were similarly treated. This, on the whole, appears the best method, as it stops the paroxysms speedily, and keeps the medicine in reserve till they re-appear."

Here, then, was a case which lasted for two years, and did not yield till 1680 grains of quinine had been taken; and yet it is wished, from the result of this case, to lay down practical rules for the general treatment of this "generally" manageable disease.

Is quinine a specific for ague? It is: but only to the extent of being the most powerful vegetable tonic that we possess. Aëraenic is just as powerful an antiperiodic, but from its tendency to injure the constitution, it is very properly less resorted to. Iron, zinc, gentian, and several other remedies, denominated tonics, have been used effectually in the cure of ague, and even change of air by reason of its tonic influence has done it. Our object in using quinine in ague is, to obtain its tonic influence on the vascular system. One large dose may effect this, but in consequence of the distended state of the capillaries, we find it necessary to follow it up with repeated small doses, not as Dr. Graves supposes, lest the system should feel its abrupt discontinuance, but to keep up a stimulus to the capillaries till they had recovered their tone. It is a fallacy to suppose, with Dr. Graves, that we ought to discon-

tinue the quinine for fear of weakening its effects, if subsequently needed; for I contend that, if proper precautions are observed in the administration of the medicine, its continuance is the only sure and expeditious mode of overcoming the disease. He resorts to the analogy of mercury, in the cure of the venereal, to support his views; but it strikes me that a closer analogy exists between the administration of wine in the debility of fever, or the exhaustion of hæmorrhage; and let me ask, who would think of discontinuing the wine on the first appearance of reaction in either instance, lest, by continuing its use, it would lose its influence if again required; would they not rather continue it in diminished doses, or at longer intervals, till, by its influence, aided by the necessary auxiliary treatment, the probability of relapse had passed away.

Piorry states that the paroxysm of ague forms but the second link in the concatenation, the first being splenic engorgement; and unquestionably there exists a very close connection between ague and affections of the spleen. And where a person who has resided for a time in a malarious district, removes to a healthy, and yet becomes attacked with ague, is it not more than probable that it is by an impression made upon the spleen at first, that the disease is subsequently manifested, if aided by depressing causes. We know, from observation, that the blood of those who have imbibed the malarious poison, becomes deteriorated in quality, and is prone to accumulate, (probably in consequence of a diminution of its ordinary stimulant quality,) in the internal viscera, more especially the spleen. We also know that this splenic engorgement is best treated by tonics; nay, that it is aggravated by the ordinary antiphlogistic treatment.

The error that appears to me, on the perusal of the case under consideration, is the too exclusive reliance that was placed on quinine, no efforts having been made to remove the necessarily attendant visceral congestion. It is even only incidentally mentioned that the spleen was engorged; or, as the report states, "evident tumefaction of the spleen had commenced." *Quere?*

It is important to remark, that after the disease had been absent at one period for three weeks; it recurred again, in consequence of an exposure to a cold breeze, while on a boating excursion. Now, under ordinary circumstances, we would expect to find internal congestion from exposure to cold, and is it not right to infer that the relapse in this instance was caused by internal congestion? It is not pretended that any malaria was in operation. We can readily perceive that the severity of this case arose from the oft-repeated and peculiarly powerful manner in which the malarious poison was applied, namely, by frequent and long immersions in stagnant water. As to the relapsed periods of ague that were observed in this case, I think that we ought more properly to view the intervals as the masked periods, the disease subsequently showing itself when the influence of the quinine had passed off.

In the case that I have myself detailed, quinine could not be borne before it came under my care, in consequence of the neglect in not removing the great congestion that existed, and in the case that I have quoted, I think I am justified in stating that like causes produced analogous results.

TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31ST OF JANUARY, 1846.

By GEORGE FIFE, M.D., Physician to the Sunderland
and Bishop-Wearmouth Infirmary.

(Continued from page 120.)

In my last communication my remarks on the diseases, contained in the table, extended to rheumatism and its complications; in the present, it is my intention to continue the same plan of proceeding, i.e., taking the diseases according to their numerical importance; and when this has been done, to enter upon the more particular consideration of such as appear to possess most practical interest.

The disease which now calls for notice is phthisis, which in the table may be regarded as rather a small number, forming not more than a twenty-third and a fraction of the gross number of cases treated. That the bills of mortality of the district would, if looked into, afford a different average, I have not the slightest doubt, nor would such result constitute a real discrepancy. To explain this, it is again to be remembered, that the patients visited me at my own house, and that, consequently, most of the cases came under my notice at a comparatively early stage; besides which I was most scrupulous in setting down any as phthisis, which did not bear the test of physical examination, as well as the assurance of general symptoms. It is also more than probable, that not having inserted any cases as phthisis where any doubt existed, many may have eventuated in the disease, which were differently regarded by me. This uncertainty could not, of course, be avoided, where many of the cases were lost sight of, after a few visits. Be this as it may, I would not regard phthisis as being, by any means, as prevalent in this town and its immediate neighbourhood as it is in other localities. In this opinion I derive support, both from my private practice and from my books at the Infirmary. From minute attention to the history of many of the cases, and from careful observation of the course which they ran, I feel fully justified in the opinion that inadequate nutriment is a most fertile source of tubercular disease, and that it is so, even where no decided family predisposition exists, so far as it was possible to ascertain the fact; and no cases, which have presented themselves to my notice, have run their course more rapidly to a fatal termination than those which have been most manifestly dependent for their origin on this cause. It being my intention to enter more fully on the investigation of this subject, I shall not extend the present remarks.

Herpetic eruptions and cutaneous affections may now be briefly disposed of. Most of these cases partook of the herpetic character, and evidently originated in the common constitutional causes. Many of them, however, occurred under circumstances which justified the belief in a syphilitic or mercurial origin. The effect of treatment also tended to the confirmation of such view. In several instances the most rapid improvement took place under the employment of the bichloride of mercury, where all other means, local and general,

had been utterly useless. In many, also, the liquor potassæ was particularly beneficial. Amongst the infantile cases there could be little doubt of their arising from the contaminated state of the parent, at the time of birth, or during gestation. It is only necessary to add that, in no cases were local appliances relied on, unaided by what appeared to be appropriate constitutional treatment.

We now come to that hydra of medicine, scrofula. Here again the number is much smaller than might have been anticipated. This arises from the circumstance that I have carefully excluded all those cases in which the diathesis did not unequivocally and prominently prevail. Had this precaution not been adopted many of those glandular affections, which have been placed under a separate head, might have swelled out the number; in like manner many might have been derived from "cachexia" and "mesenteric disease," especially the latter. The cases then which have been classed under the term scrofula, consist of those in which the lymphatic system was generally and manifestly at fault, and in which all the signs partook of the character, properly considered as indicative of the constitutional error, to which the term is strictly and by common consent applied. The majority of cases occurred during the three periods of infancy, childhood, and adolescence. In regard to the first period, one case was most obviously found in the very common practice of females, themselves scantily supported, nursing their offspring for an almost indefinite period, which baneful practice exists amongst the poorer classes here to an extent which I have never known elsewhere, and which may in no small degree be attributed to the idea that by such means family increase is prevented, whilst in others it arises from an equally prevalent opinion that it is prejudicial to wean children during the more active period of dentition; and again, from a knowledge, that if deprived of its natural and maternal support, the hapless and helpless being would be but inadequately provided with other wholesome food. The mischief arising from this source it is hardly possible to over-estimate, whether the child or parent be regarded. In a future section it will be my duty to advert more especially to the effects of protracted lactation on the maternal system.

One other cause of that state of the lymphatic absorbent system, commonly called scrofula, imperatively demands notice,—I allude to the shocking and reckless exhibition of calomel and other harsh and drastic purgatives in cases of infantile disease, by the chemists over their counters, and by but too many of our own profession who ought to know better. The extent of this evil is such as to demand the attention, not only of the profession but of the legislature, and until some check is opposed to the counter-practice of the druggist, it is an idle absurdity to talk of either the public health, or the just rights of the educated medical practitioner being regarded in this country. This digression may not be regarded as irrelevant, as it applies with equal force and truth to dyspepsia, mesenteric disease, and to hydrocephalus, a large proportion of the cases under these heads having come to

me after experiencing all the benefits to be derived from such sources.

After what has been said on various other diseases and their causation, it may suffice to observe, that the same causes operated most powerfully in the production of mesenteric disease. That such should be the case is too obvious to require comment. Of the treatment pursued in these cases it will be necessary to enter upon the consideration hereafter.

Amenorrhœa now claims our attention, and for the sake of conciseness I will couple with it dysmenorrhœa, simply observing, that in regard to the one and the other, the numbers might have been materially augmented, had not many cases been prominently connected with dyspepsia and rheumatism. In respect of the first, the influence of a due state of the functions of the assimilating organs, over the establishment of this important constitutional change, is too well known, and by experienced practitioners appreciated, to render it necessary to offer any justification for the course pursued; whilst it is equally certain, that the same causes which will induce an attack of rheumatism, are no less apt to affect the uterine function. Wherever, then, the function of digestion has been so prominently affected as to claim priority of consideration, the case has been termed one of dyspepsia; so, where either amenorrhœa, or dysmenorrhœa, has existed in conjunction with, or as a consequence of, rheumatism, the case has been placed under the latter. In this proceeding I feel fully justified, as in the one case, when the digestive organs have been restored to a healthy state, the resumption of its office by the uterus has generally soon followed; so, also, where the rheumatic diathesis has been counteracted, or removed, a similar result has ensued. In order to appreciate the position which I have assumed, it is enough to reflect upon the manifest and important sympathies which exist between the uterus and remote organs, and as a necessary consequence of these relations, the influence which a depraved state of the system in general must exert over the due performance of the function of that viscus. The cases treated presented the usual variety as to the sthenic and asthenic diathesis. In none of the former did I find it necessary to employ active depletion, either general or topical, but in every instance found the regulated use of alteratives and saline cathartics answer the object, with equal certainty and less annoyance to the patients. In the opposite condition, the greatest benefit was derived from the continued exhibition of the iodide of potassium with citrate of iron and quassia, aided by aloetics in combination with assafoetida and valerian. Of the latter, in cases of dysmenorrhœa, attended with much pain at the periods, and hysterical symptoms, it is almost impossible to overrate the advantages. Where torpor of the uterine system was present, cantharides and the ergot were given with decided benefit. As auxiliary to the above medical treatment, the hip and foot-baths were generally employed, the efficacy of the latter being much enhanced by the addition of common salt and mustard, with dry heat applied to the feet in bed.

The cases placed under the head of glandular swell-

lings require but a passing notice, as a very large proportion of these occurred during, and were evidently connected with, if not actually dependent on, the irritation of teething, and appeared distinct from the scrofulous diathesis. Those affecting adults were, in almost every case, referrible to cold as their exciting cause, and yielded to the ordinary means employed in such cases. Excepting a few cases where heat, in the form of cataplasms was employed, with the view of promoting suppuration, which could not be avoided, cold applications were most efficacious; and where they assumed the indolent or stationary character, blisters, followed by dressings of the unguentum hydrargyri fortior, with an equal quantity of unguentum potassii iodidi, generally promoted their certain and speedy resolution. The glands most generally affected were the submaxillary, sublingual, cervical, and parotid. These local remedies were aided by alteratives, aperients, and tonics, with the internal use of the iodide of potassium, of which it is almost impossible to speak too highly.

Dentition.—Under this head are included all those cases of constitutional disorder, which so constantly attend this painful and important operation of nature, and which, when neglected, or mismanaged, lead to consequences so frequently fatal to life; or where this does not happen, lay the foundation of diseases, which exert an influence alike prejudicial to the moral and physical state in after life. Amongst the most common of these cases may be mentioned various disordered states of the digestive system, with the concomitant effects on the sensorium and nervous system, as evidenced by convulsions, epileptic fits, and threatened meningitis. Under this head I have also included many cases, which, but for their obvious causation, would have been placed under that of remittent fever. In the treatment of this class of cases, calomel and the more drastic purgatives were sedulously avoided, whilst the hydrargyrum cum creta, with ipecacuanha and mild antimonials, and castor oil, as an aperient, were chiefly relied on, and as an adjuvant to such medical treatment, the warm bath. In one case only, where the child had been long subject to convulsive attacks, did these means prove ineffectual, it being carried off in one of these attacks, a day or two after it was brought to me, and at which time it manifestly laboured under effusion on the brain. It is almost unnecessary to say that leeches were resorted to where head symptoms prominently existed. I cannot close these very brief remarks without protesting, in the strongest manner, against the reckless and indiscriminate way in which calomel is given to young children during the period of dentition, especially as in the hydrargyrum cum creta we have at once a safe and efficacious alterative, which, except where urgent and acute symptoms render a more active and speedy one necessary, I have ever found answer every object, whilst observation and experience have as certainly convinced me of the irreparable mischief resulting, from what I consider, not only the unnecessary, but I would say the unjustifiable abuse of what, when duly administered, is one of the most valuable medicines in the materia

medica. That this is no mere prejudice, will be believed, when I admit, that during the earlier period of my practice, I fell into what, I now consider, a grievous error, but which then was the prevailing mode of treatment. In those cases where the mucous membrane was affected by sub-acute inflammation, characterised by diarrhœa, with discharge of bloody mucus, and pain, and all those symptoms considered indicative of the presence of worms, the greatest benefit resulted from the long continued employment of aqua calcis, with or without the tincture of hyoscyamus, given three or four times a-day in twice its quantity of milk. In very many instances this remedy, aided by occasional doses of hydrargyrum cum creta, constituted the sole treatment.

(To be continued.)

CASE OF PROFUSE UTERINE HÆMORRHAGE SUCCESSFULLY TREATED BY GALVANISM.

By HENRY JOHNSON, M.D., Physician to the Salop Infirmary.

On Friday, Feb. 13th, 1846, I was requested by Mr. H. Keate to go immediately with him to see Mrs. Y., whom I understood to be in an alarming state of exhaustion from repeated attacks of uterine hæmorrhage. On my arrival at the patient's house, I learned the following history:—

Our patient was 27 years old, was married for the first time about seven months ago, and on the 29th of last January, had a miscarriage, attended with profuse flooding. On the 2nd of February, very alarming hæmorrhage had again occurred, with discharge of large clots of blood, the exact shape of the uterine cavity; some were half-organized, and others with difficulty distinguished from portions of placenta. Discharges of this kind, consisting of one or more clots, and preceded by profuse flow of florid arterial blood, had happened every twenty-four or thirty-six hours for the last fortnight. The most active astringents had been used externally and internally; large doses of diacetate of lead, with opium, had been given and afterwards repeated, and full doses of secale cornutum. Besides these internal remedies, outward pressure by bandages, and cold water with vinegar, had been assiduously applied, and an injection of a pint of cold water into the rectum had been used three times a day.

At the time of my visit, the patient complained of no pain, except a slight headach. She was rather deaf, probably from loss of blood; had a slight occasional cough, a quick small pulse, and looked quite emaciated; she had had no sleep; the bowels had been moved by the injections, and she was constantly sick on swallowing any food. As she was just beginning to take the ergot of rye and borax in full doses every hour, and no blood was at this time passing, we thought it best to allow time to see the effect of this measure. The cold injection was, therefore, continued, and an opiate ordered at bed-time.

On Saturday, February 14th, Mrs. Y. was no better; she had been sick and heaving throughout the night. Learning that the bowels were habitually torpid, an active aperient was administered. In the evening I

was again summoned with Mr. Keate, in great haste. Profuse hæmorrhage had again occurred; she was quite faint, and required full doses of brandy at short intervals, and constant fanning to restore warmth and animation. The uterus itself was injected with cold water, and she was totally unconscious of the sensation of cold from the operation, as she had been when water had been injected per anum.

On Sunday morning, Febr. 15th, we felt convinced that something decided must be done or our patient would sink from these repeated discharges, as she was with difficulty re-animated after each. For our comfort we were told that a sister of our patient died of this same disease. The gums were so bloodless that at a short distance I could not possibly distinguish them from the teeth. The stomach was so irritable that we could hope little from any medicine given by the mouth; besides, we had tried those which we thought most effectual and best suited to the case. Cold water had been injected per vaginam, and it had been proposed to introduce *ice itself*. We both examined the condition of the parts, and found the vagina hot and flaccid, and the os uteri so patulous as to admit easily three or four fingers within the uterus. The latter seemed to be quite impassive, and in such an atonic state as to be incapable of contraction. This appeared to us to be the cause of the continuance of the flooding and the reason of the failure of ordinary expedients in checking it. It will perhaps be asked, why did we not adopt the measure of plugging the uterus? We thought that owing to this inactive and relaxed condition of the organ, this measure would very probably fail to be effectual. We felt convinced that something to act on the uterus itself was required, and it had occurred to us, to inject the uterus with an astringent, or to try galvanism, each of which methods had been used successfully in analogous cases.* We preferred the latter, as being the most certain, and immediately took steps to put our remedy into operation.

A Backhoffner's coil, rendered active by one of Smee's batteries, was got ready. One pole of the battery was made to terminate in a sponge, which was applied to the loins in different situations; as an extemporaneous mode of applying the other pole to the os uteri, some hosed string was coiled round a flexible metallic bougie, the one end being left bare. Over the string, to render the insulation more complete, some silk was sewed. This, when oiled, could easily be introduced per vaginam, and I do not know that we could have done better had we possessed the silver ball and conductor used by Dr. Radford. By this means several moderate shocks were passed through the uterus itself. The latter was found once or twice to contract very forcibly. A small clot or two was passed; the patient appeared to have some wholesome pain, and for half an hour after was restless and uneasy as if something was going on.

From that time we had not any cause of alarm whatever for a whole fortnight. The uterus was ascertained to have gradually contracted. No bleeding whatever occurred, except that a single dark-coloured small coagulum was expelled during the following

night. We regulated the bowels, gave quinine internally, applied saturated solution of alum externally, and administered food as the stomach was able to bear it.

As I have stated, there was no further alarm nor uneasiness respecting Mrs. Y. from the day on which the galvanism was employed, until March the 1st, when some more small and florid clots were passed, preceded as before by florid hæmorrhage. Citrate of iron was given in a mixture, and solution of zinc and alum, diluted, was ordered as a vaginal injection. From that time my attendance ceased, and the patient was convalescent.

I heartily thank Dr. Radford for his suggestion of galvanism as a safe and efficient remedy in such trying circumstances, and which in this case appeared to enable us to save a valuable life.

TERMINATION OF DR. BARCLAY'S SINGULAR CASE OF HEART-DISEASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I hope you will find the subjoined account of the fatal termination of the anomalous case of heart-disease, reported by me at page 745, in No. 52 of the last volume of the Journal, of sufficient interest to merit an early insertion.

Yours, very truly,

JOHN BARCLAY.

Leicester, March 14, 1846.

After the last report, December 11, 1845, Mary Parsons continued pretty well till the middle of February, when she was seized with symptoms similar to her former attack. She expired suddenly, "as if suffocated," on the morning of the 20th, before her parents had time to summon the medical officer.

Post-mortem examination thirty-six hours after death:—The face congested and livid; the lips blue; the body generally stout and well formed; no fluid was effused between the pleura; the superior lobes of both lungs were condensed, so as to sink in water; their state more resembled carnification than hepatisation. Under the left clavicle the pleura were adherent at one small point, where the surface of the lung was puckered, and contracted round a central spot, about the size of a horse-bean, to which the subjoined letter of Dr. Sharpey refers. Near the apex of the right lung was found a solitary hard tubercle, and two or three more were scattered over the inferior and more healthy parts of both lungs.

The pericardium was much thickened; about an ounce of yellow serum was contained in it, in which floated some shreds of lymph, and there was a patch of old effused lymph on the surface of the right ventricle. The left ventricle was of normal size, and the aorta and semilunar valves quite healthy; the left auricle was also of the natural size, but the mitral valve was much diseased, with spiculae of atheromatous matter projecting into the auricle; the opening was contracted into a narrow slit, about four lines in length, appearing closed from the auricle; while the contraction of the

* See *Provincial Medical and Surgical Journal*, Dec. 24, 1844, p. 603, *Braithwaite's Retrospect*, vol. xi., p. 253. *Dr. Ranking's Half-Yearly Abstract*, vol. i, p. 159.

columnæ carnea must apparently have had the effect of opening in place of closing the valve at each systole. The right auricle and ventricle were both enormously hypertrophied, being about double the size of the left; the tricuspid valve was healthy, however, as was also the pulmonary artery and its valves. The septum of the ventricles was perfect, and the foramen ovale closed. Head and abdomen not examined.

Death had apparently resulted from the quantity of blood sent with such force on the lungs by the right ventricle, hypertrophied to such a degree to overcome the resistance offered to the passage of the blood by the condensed lung, and the contracted mitral valve. The second sound of the heart appeared perfect during life from the great tension of the semilunar valves of both arteries; and the extraordinary whoop remarked, and perceived by the girl herself, was, doubtless, occasioned by the spiculae on the sides of the contracted mitral opening.

DR. SHARPEY'S LETTER.

"My dear Sir,—The specimen of lung which you sent is a very remarkable and interesting one, and with your permission, I will preserve it for our Museum. I have examined it very carefully, and I find that the reddish coloured nucleus, in the centre of the indurated mass, is *part of the pulmonary tissue*, of which the air-cells are filled with coagulated blood, or, at least, a soft solid substance, like pale red coagulum, or reddened fibrin; in short, it is in the condition of a piece of lung, affected with pulmonary apoplexy. I can quite easily turn out the little masses of coagulum from the air-cells with the end of a needle, and then the structure becomes quite apparent. The immediately surrounding dense mottled-like tissue is also part of the pulmonary tissue, much compressed, indurated, and impervious.

"Perhaps, as you suppose, an apoplectic effusion occurred, (occupying the air-cells,) and the neighbouring part of the lung became condensed by inflammation; or perhaps the effusion may have originally occupied the whole space, and has been since partially absorbed, the absorption proceeding from the circumference towards the centre. * * * * *

"I ever am,

"Yours very sincerely,

"W. SHARPEY.

"35, Gloucester Crescent, London.

"March 4, 1846."

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, MARCH 25, 1846.

We beg to direct attention to the subjoined extract taken from a pamphlet, on the registration of the causes of death, lately issued from the General Register Office. We are quite aware that an opinion is entertained by many members of the profession, that the information sought for by the Government should not be given gratuitously. On this question, however, we have no intention

of entering here, although there can be no doubt but that the time and services of medical men are much too generally regarded as public property, which any one may appropriate to public or private uses, as the case serves, and often even without the ceremonial of a simple expression of thanks. The efforts which are making by the Registrar General for the improvement of the registration are, however, obviously in the right direction, and the results of the whole enquiry, if only the required accuracy can be attained, are likely to prove most important in the elucidation of many points of scientific interest, and in the promotion of the public welfare. It is much to be wished therefore, that every facility should be afforded to these investigations, by those who alone are competent to them.

Suggestions to Medical Practitioners respecting the Mode of Returning the Causes of Death.

(1.) State the causes of death in terms as precise and brief as possible; and use, if convenient, the names recommended in the Nosology, for the sake of uniformity. The column of the register book for the entry will contain *about ten words*.

(2.) Write the causes of death in the order of their appearance, and not in the presumed order of their importance.

(3.) The duration of primary and secondary diseases in these returns will always be considered to imply the time intervening between the first appearance of well-marked characteristic symptoms—and death. Small-pox, scarlatina, erysipelas, typhus, and all febrile and inflammatory diseases should, however, be dated from the rigors and first symptoms, not from the later appearance of the eruptions, &c. The time in the certificate, opposite the primary disease, will therefore include the whole term of illness. Thus: "Scarlatina maligna, 21 days; purulent infiltration, 7 days, (p.m.);" implies that the earliest symptoms of scarlatina occurred 21 days before death; and that 7 days before death purulent infiltration was observed. So, "Hooping cough, 16 weeks; paralysis of motor nerves, right side, 4 weeks; pneumonia, 3 weeks," is understood to mean that symptoms of the cough appeared 16 weeks, of the paralysis, 4 weeks, of the pneumonia, 3 weeks before death. Confusion has been produced in some returns by inattention to this point.

No attempt should be made to guess the duration of *latent* stages of diseases; but it will generally be possible to fix on a point of time near the access, when the patient had *no symptoms* of disease, and another, when the symptoms are unequivocal: if the disease be dated from the middle point of the intervening time, the results will be sufficiently accurate. The duration should be stated in *minutes* or *hours*, when the disease is fatal in less than 48 hours; in days, in diseases of less than 50 days' duration; in weeks or years, for diseases of still longer duration. *Month* is an equivocal term, as a *measure* of time; when used in the returns, it will be deemed the *twelfth* part of a year.

(4.) State, in fatal cases of small-pox, measles, scarlatina, typhus, rheumatism, mania, delirium, tremens, apoplexy, and the like diseases, whether it be

the second, third, &c., attack, whenever the patient has sustained more attacks than one. In ague, epilepsy, convulsive diseases, angina pectoris, syncope, and other maladies which occur in fits or paroxysms, date the illness from the first fit; and add the duration of the last fatal fit; thus: *epilepsy, 5 years; last fit, 6 hours.*

(5.) Surgeons, in all cases of operations, should return (a) the primary disease or injury—(b) the operation—(c) the secondary diseases—such as erysipelas, purulent deposits, &c.; and should state also the time from commencement of the primary disease—the time from the operation—and the time from the appearance of secondary disease, *reckoning in each instance to the death.*

(6.) It sometimes happens that the nature of the fatal disease cannot be discovered—even after a *post mortem* examination of all the organs—and still more frequently in the absence of an examination. *In such cases it is better to name one or more of the leading symptoms and peculiar appearances, than to assign a specific cause on imperfect, inadequate evidence.*

P. M. should be added when the causes of death have been verified by a post-mortem inspection.

In order to be in a position to return the causes of death accurately, medical practitioners are earnestly recommended to keep brief memoranda of all the cases which they attend, in the simplest form, such as is given below. The private register of the medical practitioner would at the end of a few years be of incalculable interest to him: he might refer back to it for important information, transmit it to his sons or successors in practice, analyse the results of his experience; and, in conjunction with his brethren all over the country, would ultimately accumulate a vast series of materials, which could not fail to advance medical science.

Engaged in the practice of a laborious profession, medical men should not attempt too much at first; all cases should be noticed; but those facts should be chiefly recorded which are of an unequivocal nature, and that admit of precise statement, and comparison in respect to number, time, weight, and measure.

No.	Name of Patient and Residence,	Sex.	Age. (last birthday)	Profession; Habits.	Diseases.		Dates of Important Facts of the Case; and of the resulting Recovery or Death.
					Primary and Secondary.	Date of their Appearance.	
1*	John Jones, 7, Drury Lane.	M.	7	A day scholar; (father a master tailor)	Measles; Pneumonia.	March 5 March 12	Patient first seen March 9; the eruption of measles then visible; appeared on the 8th; cough, rust-coloured sputa, crepitation, 12th; left lung consolidated, 14th; last seen March 19th; died March 20th. P. mortem: left lung hepatised; pleura adherent.

* The number will refer to the prescription book for treatment.

The importance of instituting *post-mortem* examinations very generally, cannot be too strongly urged. It is impossible to calculate how much suffering and untimely death are occasioned by depriving physicians and surgeons of the information derivable from this source. In ordinary cases no attempt is made to preserve the body from corruption, when life is extinct; and the examination by medical men of the state of the internal structure, instead of accelerating decay, may be made, by embalming, a means of preserving the frame from decomposition; if it were not rather desirable and more in consonance with the best feelings—that the elements—water, air, carbon, and the salts—of which the earthly tenement is composed, should be restored as soon as possible to their free state—to be again re-organised and re-animated.

In making the returns of the causes of death, the medical practitioner will not only contribute to the accuracy and importance of the register, but will also find his advantage in the saving of time and trouble, by attending to the suggestions printed for his direction. The tabular form of entry recommended for his own private register is sufficiently simple, does not embrace too many particulars to be burthensome, and will unquestionably in time repay him by the accumulation of many important particulars, which, without some such mode of preserving them, would be altogether lost, as well as by inducing habits of precision in the observation of the phenomena of disease.

A Practical Treatise on Abdominal Hernia. By THOMAS PRIDGIN TEALE, F.L.S., Fellow of the Royal College of Surgeons, and Surgeon to the Leeds General Infirmary. London: 1846. 8vo., pp., 383, with numerous Illustrations.

The qualifications of the author of the work before us, originally written, as we are informed, for a publication now suspended, we presume the "*Cyclopædia of Surgery*," are well known to the members of the Provincial Association. The subject was undertaken by Mr. Teale soon after the lamented decease of Sir Astley Cooper, who had previously engaged to prepare the article *Hernia* for the publication in question. The aim, therefore, of the writer was; necessarily rather "to exhibit a systematic view of the present state of the Science of Surgery in reference to the subject of *Hernia*," than to bring forward any new views or opinions which he might entertain in illustration of a department of surgery, on which many valuable works had already been written. It is no small credit to the author, that this object has been satisfactorily attained; and that while his treatise embraces the experience of preceding writers, it at the same time exhibits throughout that judicious selection and comment which bespeaks a practical acquaintance with all the details entered into.

The work is divided into two parts. The first of these enters into the subject generally, and treats of in succession,—the walls of the abdomen; the hernial apertures; the hernial sac; the constituents of herniæ; the statistics, causes, effects, and conditions of herniæ; the treatment of hernia, reducible, irreducible, and strangulated; reduction in mass; and intestinal fistula, the consequence of gangrenous or wounded hernia. In the second part, the subject is considered in reference to its species and varieties, and the several forms of intestinal rupture are successively described, their distinguishing characters pointed out, and the appropriate treatment indicated. As affording an illustration of the manner in which the work is written, we select the following remarks on the operation for strangulated hernia without opening the sac, which, as having reference to the important cases published in the last number of this Journal, will be otherwise interesting to our readers.

"The chief advantages of the operation are, the avoidance of opening a large serous cavity, and the non-exposure of the viscera to the atmosphere, and to direct manipulation." * * * "There is always great danger in opening a serous cavity, and, if the object could be attained equally well without it, it never should be had recourse to; for although extensive wounds of the peritoneum have occasionally been unattended with serious consequences, yet wounds of this membrane, whether large or small, frequently excite fatal inflammation, and in cases of strangulated hernia, which have proved fatal from peritonitis after the sac has been opened, it is impossible to say how much of the evil

was due to the injury inflicted by the stricture, and how much to the wounding and exposure of the serous membrane itself. It might here be argued, that, in most cases requiring operation, a layer of plastic lymph is thrown out in the vicinity of the ring by which the sac is isolated from the general peritoneal cavity, and consequently that the opening of the sac does not usually implicate the great serous bag, but only a membranous process of very limited extent. This observation possesses some force in regard to hernia in an acute state of strangulation; but, in such cases, the operation without opening the sac is the least appropriate, as will be more fully shown hereafter. On the other hand, in voluminous herniæ of long standing, in which strangulation is seldom acute, the sac and its contents present a large surface of serous membrane, which is less perfectly separated than in the former instance, by the agglutinating layer of lymph near the ring, from the general peritoneal cavity, and in many instances even freely communicates with it.

"That the exposure of the viscera to the atmosphere, and to the immediate contact of the hand, is calculated to excite or aggravate inflammation, is too obvious to require farther comment.

"By dividing the stricture externally to the sac, these injurious influences may be avoided; but it has been asserted, that the evils which may attend this mode of operating more than counterbalance its advantages. The chief evils to which it is supposed to be liable are, the risk of returning the intestine or omentum in a state of actual or impending gangrene, and the reduction of the hernia and its sac in mass."

After pointing out the nature of the evils to be apprehended, and describing their effects, Mr. Teale further observes:—

"It will thus be seen that there are important advantages belonging to the operation, but that some deduction must be made from their value in consequence of the risk to which the patient is exposed from the return of intestine or omentum in a state of actual or threatened gangrene, and from the reduction of the hernia whilst strictured by the sac; which risks, however, as above shown, may by proper precautions be greatly diminished, if not entirely avoided. My experience certainly justifies me in recommending this mode of operating whenever it is practicable, provided the necessary precautions are taken against incurring the evils to which the operation, when carelessly performed, might be exposed; and in order to avoid these dangers, it is important to be able, in the first place, to recognize the symptoms which indicate the occurrence of gangrene, or of a state verging towards it; and, secondly, to guard against employing an improper degree of force for the purpose of replacing the hernia after the stricture had been divided."

In summing up, Mr. Teale again expresses the opinion, "that the operation, without opening the sac, ought to be performed in all cases in which it is practicable, unless the local or general symptoms indicate the existence of gangrene, or an advanced state of inflammation;" and, further, that "in accordance with this opinion, it may be stated, as a general rule, that the operation should be attempted—1st, in most cases of large herniæ; 2dly, in many herniæ of middle size;

and 3rdly, in but few small herniæ, unless in the earliest stage of strangulation."

Of thirty-two cases collected by the author, in which this operation was performed, twenty-seven recovered, four died, and the result of one is not stated. Of these cases, eighteen were femoral hernia, eleven inguinal, and three umbilical.

To apply these remarks to the two cases of umbilical hernia, in which the operation was successfully performed, before alluded to as published in this Journal for last week, it appears that the three cases of umbilical hernia in which the stricture was divided externally to the sac, recorded by Mr. Teale, were successful. One of these cases occurred in the practice of Sir Astley Cooper, one in that of Mr. Key, the third was operated upon by Mr. Smith, of the Leeds Infirmary. The two cases published last week, also occurred in the Leeds Infirmary,—one to Mr. Smith, and the other to Mr. Teale. We have only to quote one remark from another portion of this treatise, in further illustration of the preceding observations. "The great fatality of operations for umbilical hernia, where the sac has been opened, renders it especially important in this species of hernia to preserve the sac entire, unless circumstances exist which imperatively demand an opposite course of proceeding."

As a systematic work, on the important subject of hernia, Mr. Teale's treatise ought to be not merely in the hands of the student, as a text book, as he modestly terms it, but carefully studied by every practical surgeon.

ON THE PRESENT CONDITION OF THE MEDICAL PROFESSION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The letter of Sir James Graham of the 16th of January, to the Deputation from the National Association of General Practitioners, settles the question of Medical Reform, so far as the Government is concerned; and all the anomalies in our profession are to remain as a disgrace to our country and ourselves, and quacks and empiricism allowed to run rampant through the country. That a member of such a strong Government, of whose powers of conviction and conversion we have had such recent proofs, should be unable to remove or correct these anomalies, or to prevent the lives and health of the community being destroyed by the ignorant and unskilful, will ever excite the surprise and regret of all that are engaged in the profession of medicine and surgery. The Right Hon. the Home Secretary, after framing three or four bills, and making as many conciliatory speeches, and I believe in a conceding spirit, in the House of Commons, on the state of the medical profession, has given up as hopeless, the prospect of being able to produce a bill, or to obtain

any legislative enactment calculated to give satisfaction to the profession generally.

This clearly proves that the subject of Medical Reform must be a very difficult and intricate one, and also shows that the existing medical corporations are very powerful, and the obstacles to be overcome great, to be able to resist the power and influence of the Right Hon. Gentleman; and the minds of the parties concerned must be very obtuse not to be affected by such an influential advocate. It appears by the closing paragraph of Sir James's letter, that he was not idle during the recess, as he says, "It appears to Sir James Graham inexpedient that a measure of this importance should again be introduced, unless with a reasonable probability of its giving satisfaction to the profession generally. The communications which he has received on the subject during the recess, do not justify him in entertaining any such expectation." With whom Sir James communicated on the subject we are not told, and we are left to guess who the obstructors are. The disgraceful language used by one of the Fellows of the Royal College of Surgeons towards the general practitioners and the Apothecaries' Society in his Hunterian Oration, delivered in the theatre of the College, on the 14th ult., would lead us to suspect that Sir James did not get much assistance in his attempt to reform the medical profession from that quarter. Unless the members of the College soon set about reforming themselves and the Hunterian Orator minds his "own manners," it will no longer be considered an honour to be a member of the College of Surgeons, nor an associate of such a Fellow. After such an insult and such abuse, I have no doubt many members will regret their folly in parting with solid pelf for the honorary but useless pageant of a diploma, which confers on the profession no legal title or authority.

As a proof of the estimation in which a diploma from the College is held, I find, by a return laid on the table of the House of Commons, on Thursday, the 29th of January, which I have before me, that in the year 1842, six hundred and sixty-nine diplomas were granted, and in 1844, only three hundred and seventy-nine; here is a falling off of nearly one half. This return was not only to state the number of diplomas granted, but to give a definition of the rights and privileges which such diplomas conferred on their possessors; and under the head College of Surgeons, I find the letters testimonial, or diploma of this College, constitutes the possessors members of the College, and as members gives them a right to the use of the Museum, Library, &c., and also exempts them from serving on juries, bearing armour, &c. The latter are privileges claimed and enjoyed by every parish churchwarden.

Nor does the new Charter improve their condition and respectability; it only gives them the power of creating a certain number of their members fellows to the degradation of the others. It, therefore, is very clear that a diploma from the College of Surgeons does not confer on the holders the exclusive right of practising surgery, but only of calling themselves members of the Royal College of Surgeons. The general practitioner, whom Mr. Lawrence, in his Oration, thought

proper to abuse and hold up to ridicule, holds a certificate, granted to him by the Court of Examiners at Apothecaries' Hall, of the passing an examination which has puzzled and caused the rejection of many a member of the Royal College of Surgeons, and the possession of this certificate gives to the possessor the exclusive right and privilege of practising physic in any part of England and Wales.

Although it is known that the Apothecaries' Act is defective, I believe the Court of Examiners possess just power enough now, if they choose to put it into operation, to prevent even, a Fellow of the College of Surgeons, from treating medical cases, and prescribing physic, if he does not possess their certificate, and thus deprive the "pures" of nine tenths of their practice.

I had no intention, when I began this article, of elongating it to its present length; I only intended drawing the attention of your readers to a statement published some time ago, by the Apothecaries' Society, on Sir James Graham's first measure, by which I am led to hope that, although we are thrown overboard by the Government, Medical Reform will not be given up or lost sight of.

In "a Statement by the Society of Apothecaries, on the subject of their administration of the Apothecaries' Act," I find the following paragraph:—"The Society had, in fact, made considerable progress in the preparation of a measure, comprehensive in its nature, and embodying the improvements which their own experience had suggested, or the wants and wishes of the profession had pointed out to them; but the repeated assurances which they received, that some general measure was about to be introduced into Parliament, under the auspices of the Government, have hitherto prevented them from laying their views before the public." Here, then, we have proof that a public body, that has done so much to raise the standard of medical education, and to improve the state of the medical profession, are still ready and willing to do more. I would, therefore, suggest that a memorial should be presented to the Society of Apothecaries, praying them to favour the profession with an outline of their plan of reform, and urging them to apply to Parliament for a new bill, or an Act to amend the one of 1815.

I am, Sir, yours, &c.,

GEORGE KING.

Bath, March 17, 1846.

ANECDOTA BODLEIANA: UNPUBLISHED
FRAGMENTS FROM THE BODLEIAN.

(Continued from page 127.)

EXTRACTS FROM DR. WILLOUGHBY'S PAPERS.

Of the Peruan Bark, or Jesuit's Powder.—As to the Jesuits Powder, it appears to me the only specific I know in nature; it attacks all intermittent fevers with equal success, making no difference, whether the patient be old or young, or the disease in its beginning, height, or declination, of what temper soever the patient be; it encounters all equally, and I never knew it miscarry but when we had just reason to suspect the genuineness of that we made use of: and this it per-

forms, not by any alterations that can be imputed to its first or second qualities, as appears by the insensibleness of any change it makes on other bodies not affected with this distemper. Artists have analysed it, and by several changes wrought upon it by fire and otherwise, have found out much matter of discourse upon its constituent principles, but as to its virtues collected from them, it proves as fallible as other remedies; it is a foreign concrete, and may serve to teach us that foreign remedies are not so very improper for our bodies as some who are great friends to domestic ones do believe, and think that every country produces sufficient for the diseases of its own growth; and were that literally true, yet in this age, when our diet is so corrupted with the mixture of foreign sauces, (as wine, spice, and other ingredients of luxury,) it will be no strange matter if the diseases that befall such corrupted complexions should not obey the impulse of domestic remedies, but call in foreigners to their aid and assistance. The imperfectness of physic is much to be deplored, since it is credible that nature has provided us specifics for other distempers, but art has not been able yet to discover them; we have several I confess in physic that go under that name, but very undeservedly.

Of Dr. Sydenham and his Works.—Dr. Sydenham was undoubtedly a good observer and a faithful register of all his observations; but it is to be suspected that he was sometimes a little too hasty in determining the periods of those motions which did constitute the characteristic of the distemper, which may be observed by any indifferent practiser to vary their seasons with much more latitude than he doth allow. He has been very honest in rescinding from Physic all the unnecessary pomp of alteratives and preparatives, and reducing it only to the use of the grand remedies which in Physic do justly fill both sides of the leaf.

I can easily concur with him in the great admiration he has for the Jesuit's Bark, and do believe opium to be one of the greatest remedies in nature, though I cannot call it, as he doth,* "the greatest cordial," since to perform its effect it reduces men to an estate more like that of death than life, and in a small quantity commands and overcomes all the power of nature, and if by accident it happen to relieve some, it is because nature at that time needs such a mortification to reclaim its extravagant fury, and reduce it to itself. This I speak, not as an enemy to opium, for I take more of it myself than some physicians who are crowded with patients find occasion to prescribe, yet I cannot but think, since it is so indigestible, it has more of a poison in it than a cordial, and it is by accident, not any cordial virtue, that it performs those surprising cures which to ignorant spectators seem to have more of magical than natural in them.

Of Physicians, Surgeons, and Apothecaries, and Hospitals abroad.—I find no difficulty to affirm that our London Doctors are the most learned and best studied men in the world; whereas, in all foreign Universities the young physician, after following an experienced Doctor for a year or two, and taking notes of his prescriptions, without any more ado commences practiser. The same method here would be much to the advantage of young students, if it have not this fault in it, to supersede all other industry of study. I much approve the learning of all the sciences in Colleges, as

* *Observ. Med.*, iv., 3, sec. 13.

it is practised at Leyden; the public Professors there calculating their lectures for those raw auditors, neglect that applause which might redound to their endeavours from more learned ears. Surgeons and apothecaries are itinerant apprentices, removing from one great hospital, or one great town, to another, and when they are grown to a competency of years and experience in this errantry, they purchase their freedom by some trial of skill in their faculty, which they perform in public before the magistrates of the place, which is testified by an instrument under the seal of the magistracy. I believe if we should deny freedom to all such as leave their own country, and come to plant among us, we should do them no injury, for none of them having undergone this trial, they would be no better than journeymen at home, but our natural civility for strangers, has made our laws run more in their favour.

Dr. Willoughby's Observations on the Bills of Mortality in Dublin, April 17, 1801.

Years.	Burials.	Christenings.	Small Pox.	Fever.	Under 16.	Above 16.	Males Buried.	Females Buried.	Males Christened.	Females Christened.	Consumptions.	Convulsions.
1682	2236	0912	871	380	1388	0879	1069	1194	574	369	240	145
85	2305	1021	353	395	1291	1014	1195	1110	570	447	265	218
86	2301	0999	541	668	1329	0972	1126	1165	617	429	176	172
87	2365	1247	428	847	1164	1140	1181	1125	514	630	147	146
88	1853	1009	265	420	1081	0772	1067	0786	404	490	189	250
89	2543	0709	378	969	1376	1161	1321	1222	380	305	199	261
90	2126	0755	017	949	1026	1100	1106	1020	380	375	204	257
Totals.	15696	6652	2883	4628	8655	7038	8065	7622	3439	3145	1419	1449
Mediana.	22:6	950	411	661	1236	1005	1152	1088	491	449	201	207

(To be continued.)

LEEDS HOUSE OF RECOVERY.

The Leeds House of Recovery, or Fever Hospital, is intended for the reception of poor persons labouring under various forms of infectious fever. From last year's report of this institution, which has lately been forwarded to us, it appears that "small-pox and scarlet fever have prevailed extensively throughout the district," and that a larger number of admissions of the former

disease has been made than during any previous year," many of which were of a malignant type, and a large proportion of the cases of typhus are stated to have been equally severe.

The admissions during the twelve months, (from October 1, 1844, to October 1, 1845,) amounted to 329; the number of cases treated was 354; of these five proved fatal within twenty-four hours, and nineteen more, twenty-four in all, within the week. The total number of deaths was fifty, giving a mortality of about one in seven. The patients received from the town amounted to 290; those from the out-districts were 39. The greatest number of admissions was in the month of December, amounting to 41; the smallest number in July and August, 19 in each. The admissions during the six winter months were 200, giving a monthly average of 33; in the summer months, 129, averaging about 21.

The following table exhibits the ages of the patients, and the mortality at each duennial period:—

	Admitted.	Died.
Under 10 Years.	31	3
10 to 20	106	9
20 to 30	102	18
30 to 40	38	5
40 to 50	29	9
50 to 60	14	4
60 to 70 and upwards.	9	2

MEDICAL INTELLIGENCE.

M. Denonvilliers has been elected, by concours, Professor of Anatomy in the Faculty of Medicine, at Paris, in the room of M. Breschet, deceased. The unsuccessful candidates were MM. Beclard, Bourguery, Chassaignac, Despretz, Dumeril, Giralde, Gosselin, and Sanson.

Robert Liston, Esq., surgeon of the North London Hospital, and Lecturer on Surgery at University College, London, has been elected a member of the Court of Examiners of the Royal College of Surgeons, in the room of Mr. Anthony White, resigned.

OBITUARY.

Died, March 10th, at his residence, Bloomsbury Square, Richard Pinckard, Esq., M.D., physician to the Bloomsbury Dispensary.

March 14th, aged 61, at the Gritt, Leigh, near Great Malvern, John Cole, Esq., M.D., late of Charlotte Street, Bedford Square, London.

March 17th, aged 65, James Mellis, Esq., of Maida Hill, Fellow of the Royal College of Physicians, Edinburgh, and of the Royal College of Surgeons, London, late member of the Medical Board, Bengal.

Latel, at the age of 71, Julien Joseph Virey, M.D., a member of the Academie Royale de la Medecine, Paris, and well known as a naturalist, and as the author of several highly esteemed works on various subjects connected with medicine and natural science.

TO CORRESPONDENTS.

The letter of M.R.C.S. Londinensis, was too late for his request to be complied with this week. Mr. Hunt's communication has been received.

TEXT BOOKS FOR STUDENTS.

"The beautiful series of Manuals now in course of publication by the enterprising Publisher, Mr. Churchill."—*British and Foreign Medical Review*.

"Very handsomely got up, as, indeed, are all Mr. Churchill's publications; the engravings are remarkably well executed."—*Dublin Press*.

"Paper and print are of the most beautiful description. Indeed, no one is more distinguished for the elegance and *recherche* style of his publications than Mr. Churchill."—*Provincial Medical Journal*.

A MANUAL OF CHEMISTRY. With numerous Illustrations on Wood. Fcp. 8vo., cloth, 12s. 6d. By GEORGE FOWNES, Ph. D., F.R.S., Professor of Practical Chemistry in University College, London.

"An admirable exposition of the present state of chemical science, simply and clearly written, and displaying a thorough practical knowledge of its details, as well as a profound acquaintance with its principles. The illustrations, and the whole getting-up of the book, merit our highest praise."—*British and Foreign Medical Review*.

THE ANATOMIST'S VADE-MECUM; A SYSTEM OF HUMAN ANATOMY. With 186 Illustrations on Wood. By ERASMUS WILSON, F.R.S., Lecturer on Anatomy and Physiology at the Middlesex Hospital. Third Edition. Fcp. 8vo., cloth, 12s. 6d.

"In every respect, this work, as an anatomical guide for the student who seeks to obtain knowledge which he has not yet acquired, and for the practitioner, who wishes to keep up that which he finds gradually fading from his mind, merits our warmest and most decided praise."—*Medical Gazette*.

A SYSTEM OF PRACTICAL SURGERY. With 246 Illustrations. By WILLIAM FERGUSSON, F.R.S.E., Professor of Surgery in King's College, London. Fcp. 8vo., cloth, 12s. 6d.

"Professor Fergusson's work, we feel persuaded, will be as great a favourite as it deserves, for it combines the powerful recommendations of cheapness and elegance, with a clear, sound, and practical treatment of every subject in surgical science. The illustrations, by Bagg, are admirable—in his very best style."—*Edinburgh Journal of Medical Science*.

ELEMENTS OF NATURAL PHILOSOPHY; being an Experimental Introduction to the Physical Sciences. Illustrated with 300 Woodcuts. By GOLDING BIRD, M.D., Assistant Physician to Guy's Hospital. Second Edition. Fcp. 8vo., cloth, 12s. 6d.

"By the appearance of Dr. Bird's work, the student has now all that he can desire in one neat, concise, and well-digested volume. The elements of natural philosophy are explained in very simple language, and illustrated by numerous woodcuts."—*Medical Gazette*.

A MANUAL OF MEDICAL JURISPRUDENCE. By A. S. TAYLOR, Lecturer on Medical Jurisprudence and Chemistry, at Guy's Hospital. Fcp. 8vo., cloth, price 12s. 6d.

"We recommend Mr. Taylor's work as the ablest, most comprehensive, and, above all, the most practically useful book which exists on the subject of legal medicine. Any man of sound judgment, who has mastered the contents of Taylor's 'Medical Jurisprudence,' may go into a court of law with the most perfect confidence of being able to acquit himself creditably."—*Medico-Chirurgical Review*.

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REPORT OF A CASE OF OVARIAN DISEASE, WITH A FEW BRIEF REMARKS UPON OVARICTOMY.

By THOMAS MIDDLETON, Esq., Surgeon.

(Read before the Manchester Medical Society,
March 4, 1846.)

Although there have been of late many instances of ovarian disease presented to our notice, more particularly in reference to extirpation, with its various results, I have thought the following case might with propriety be laid before this Society, on account of the interesting disclosures afforded by the *post-mortem* examination; hoping at the same time, to avail myself of the remarks and opinions of some of our more experienced members, as to the comparative value of ovariectomy as a means of cure, from such results as we have hitherto been put in possession of, from the cases where this operation has been undertaken.

Mrs. B., aged 41, has been married eighteen years, always lived with her husband, had no children nor miscarriages, and previous to her present illness, was a strong plethoric-looking woman, and had always enjoyed excellent health. Up to about twelve months before her death I had no satisfactory means of arriving at any positive information as to the state of the abdomen, and the earlier progress of the swelling. She admits there was a feeling of fulness and heaviness about her bowels for twelve or fifteen months before I saw her, and although there is reason to believe that the ovary during the latter part at least of this period was considerably enlarged, she did not herself think it inordinately so, being quite careless about it, and attributing it to constipation, which had for some time troubled her. With the assistance of purgative medicines she passed her time comfortably, and continued to discharge her various household duties with little inconvenience. I first visited her on the 26th of last May, when the more immediate history she gave me of her case is the following:—

About the middle of last December, when lifting a pitcher of water up the two steps into her house, her foot bitted against the upper one, which caused her to stumble. At this time she states she felt a something giving way in her belly, which occasioned a feeling of faintness, lasting but a few moments, and followed by little or no inconvenience. The feeling of weight and fulness, always greatest on the left side, now became more evident, but there was as yet no very remarkable swelling. Up to the commencement of last February she experienced no unpleasant conse-

quences from her late slight accident, when, during the frost she again fell upon a slippery foot-path, which caused a repetition to a more considerable degree of the previously-mentioned symptoms, followed by occasional severe pain in the left groin and lower belly. Soon after the last fall, to which she attaches much importance, her attention became first seriously directed to the now fast-increasing swelling, its hardness, with pain extending from it to the left groin, which by its gradual increase during the two following months, had given to the abdomen a marked prominence. By its continued progressive enlargement, it at length became greatly distended, and upon a severe diarrhoea coming on, and continuing, she became much alarmed, overcame her former scruples, and sent for me to visit her.

I found upon my arrival, that the abdomen in size was equal to that of a female near the end of gestation, full, hard, irregular, and so far as I could discern, without fluctuation. The swelling appeared greatest on the left side, and as the pain in the first instance had commenced here, the tumour according to the woman's feelings extending from the same, through, and above the umbilical region, and subsequently towards the right side, there remained little doubt that it was the left ovary that was diseased. In testing its mobility, from the pain she experienced on making any effort to raise or push sideways the tumour, I was led to expect it to be firmly adherent posteriorly to the contiguous structures. Upon examining the state of the os uteri, it appeared healthy, the cervix slightly yielding to pressure, but the body of this organ appeared to be immovable. On introducing Dr. Simpson's bougie, it passed several inches into the uterine cavity, and thus far afforded presumptive evidence that the body of the uterus was not to any important extent implicated with the tumour, but so great was the pressure into the cavity of the pelvis, that the instrument passed only in the direction towards the right side, and possessed no latitude of motion towards any other point, in fact giving the impression of a fixed attachment to the morbid structure. The result of this examination along with that instituted per anum led me incorrectly, as eventually proved, to think that this organ feeling so fixed, directly participated in the diseased growth. The catamenia had been for some time very irregular, rarely a week intervening between their cessation and reappearance, and occasionally for several days successively she passed coagula of considerable size. This, I must here be allowed to remark, is another circumstance which led us more strongly to suspect the uterus participated in

the diseased action, as the occurrence of such hæmorrhage in a female not pregnant is generally considered as diagnostic of serious uterine disease. There was no swelling of the feet or legs; she parted with her urine in small quantity at a time and frequently; the bowels of late very irregular, mostly purged, and although she had little acute pain, the pressure of the tumour upon the surrounding viscera caused her great uneasiness, and much impeded their functions. Together with these symptoms there was considerable constitutional disturbance; the pulse was small and quick; the tongue generally moist, furred in the centre with red margin, thirst, loss of appetite, cough, and shortness of breathing; and by this time an obscure fluctuation was perceptible in several parts of the abdomen.

A variety of internal means, including mercurials, diuretics, iodine, &c., in different proportions, and variously combined, were administered to control the disease, also to improve the condition of the mucous membrane and to rectify the secretions, as well as liniments and other external applications to reduce the swelling.

Little advantage was gained by any of these means, as the patient's health began evidently to decline, being at times much distressed from her breathing, passing sleepless nights, and in many respects most uncomfortable if not miserable. This poor woman would willingly have submitted to the operation of extirpation had it been recommended to her as affording a fair prospect of cure; and that she might have the benefit of other opinions, Dr. Radford, Messrs. Boutflower, Hunt, and James Kenworthy, were severally called in. The result of these consultations was, after careful examinations, that not one out of the five recommended extirpation, while the question was almost unanimously met by a direct negative.

It has been stated that for some time past there was obscure fluctuation, but this had now become in several localities much more apparent, leading us to think there might be a considerable quantity of fluid distributed in different cysts, besides a large bulk of solid matter. As yet, without any certain knowledge as to whether, or to what extent the uterus was itself implicated, independently of the great probability of their being insuperable adhesions, extirpation was, very properly I think, considered unjustifiable, and most probably impracticable. Many other means had been tried and had utterly failed in subduing or even controlling its progress, her case becoming worse, if not hopeless. We therefore concluded that the only remaining probable chance of relieving her would be by the operation of paracentesis, with the hope of drawing off a large quantity of fluid, which if accomplished, would doubtless procure for her some palliation of her present sufferings; and that we might obtain at the same time, some more positive knowledge as to its character and connections, an incision, somewhat of an exploratory nature, of two inches and a half, was made through the abdominal parietes on the right side, in a line about half way between the crest of the ilium and the cartilaginous extremity of the seventh rib, where fluctuation seemed tolerably distinct, and in the centre of this a full-sized trocar was introduced. We were considerably disappointed, however, upon withdrawing this instrument from its canula,

to find that not more than half a pint of ascitic fluid escaped from the peritoneal cavity, followed by a copious flow of blood, from the solid and vascular structure it had entered, without having reached the fluid in any of the cysts. As we had not contemplated this state of things immediately subjacent to the abdominal parietes, as about sixteen ounces of blood had flowed in so short a time, and as the pulse began to sink, without repassing the instrument in another direction, after having ascertained there was no other feeling than of solidity, and the tumour free from adhesions so far as the finger could reach, we concluded upon closing the wound and placing the patient under the bed-clothes.

Upon revisiting her a few hours after this inefficient operation, I was not surprised to find the constitutional disturbance much heightened, the pulse accelerated, 104, pain shooting from the lower part of the incision, thirst, hysterical incoherence of speech, &c. This was followed in the course of a few days by a pretty smart attack of peritonitis in the vicinity of the wound, which required venesection, and other antiphlogistic means for subduing.

Miserable as her existence had been for many weeks previously, she lived fifty-three days after the above operation, not only not relieved, but I must say, rendered more wretched by the consequent additional suffering. In the subsequent dressing of the wound, the pressure against the abdominal parietes, from the increasing tumour within, prevented union by adhesion taking place, and as soon as the new skin had extended over the granulating surface, restlessness and inability to lie long in any position, caused fresh ulceration to recommence around the edges. For many weeks previous to her death, sleep had almost altogether deserted her, and her wakefulness, as likewise other distressing symptoms, were little influenced by medicinal agency. So irritable had her stomach and bowels now become, that solid food was altogether abstained from, while fluids, except in very small quantity, were either immediately rejected, or ran off by the bowels. For three weeks previous to her death, owing to her great abstinence, the bowels had become confined, but with the exception of a few tea-spoonsful of toast-water occasionally, the stomach still refused all food. Since the paracentesis was performed, she has had no menstrual discharge, and the lower extremities, particularly the left, had become very œdematous. Two days before her death, which took place on the 12th of November, her abdomen, in its greatest circumference, measured four feet three inches.

The body was inspected twenty-six hours after death. Upon opening the abdomen, about a pint of clear ascitic serum escaped from the peritoneal cavity. After separating by the hand the peritonitic adhesions, probably recent, existing between the abdominal parietes and the anterior aspect of the tumour, a large irregularly distended bag became exposed, of a strong fibrous texture, having an uneven surface, and apparently subdivided into several compartments containing fluid, while more or less connected with solid matter above and anteriorly. A small quantity of fluid lymph was visible in a slight depression on its surface. After cutting through the omentum, which was extended over, and firmly adherent to, its upper surface, we found it intimately connected posteriorly

with most of the contiguous structures, by numerous thick layers of a strong membranous character, consolidated together into one mass, which was exceedingly difficult to overcome, and its detachment and removal could not be effected without much rough work with the knife, and the escape of the contents of several large cysts, containing many pints of fluid of a sero-purulent character, which displayed, by the consequent collapse of a portion of the structure, the mixed nature of this anomalous development. We found the bladder at its upper part firmly fixed to it, while the uterus, to my great surprise, was entirely unconnected, being perfectly distinct, although smaller than natural, and having internally merely lost the triangular character peculiar to its healthy condition. The left broad ligament was obliterated by its extension over this large collection of disease, seemingly constituted by the enormously increased left ovary, with its tube imbedded in it. The right ovary was small but healthy, and the tube of this side was extended adherently upon the under surface of the tumour; the cul de sac, between the vagina and rectum, was curiously lined by a dark bluish membranous exudation, detached with little difficulty, probably from the congested capillary hæmorrhoidal veins. The stomach and bowels were much attenuated from long inanition, the latter also extensively matted together by adhesive inflammation.

After pressing out from some of the cysts, a large quantity of sero-purulent fluid, containing numerous little flakes and masses of a curdy consistence, the examination of the structure after removal, more clearly demonstrated its heterogeneous nature. It contained numerous large cysts, which upon opening were found to contain others, successively diminishing to three or four deep. They were distinct, and distended with serum, in which floated in many instances, long streaks of a soft gelatinous substance, many smaller conglomerated together, confining a yellowish serum; and on the lower right side a small nest of true hydatids was attached, about the size of grapes. The interior of this structure seemed to some extent broken up by the ulcerative process, which had destroyed the cystic arrangement, and no doubt poured out a sufficient quantity of pus, which by being blended with the proper cystic secretion, had given character to the bulk of the fluid. This altogether amounted to twenty-four pints. The solid portion, situated at its upper and anterior aspect, was chiefly of firm consistence, and more or less elastic; it had a smooth surface, and was of a light liver colour, while several parts, inclining more internally and more immediately in contact with the cysts, were of a looser and more spongy character. Dividing it with the knife displayed its fibrous texture, and afforded in many of its parts so many excellent illustrations of the encephaloid disease. In others, ulceration had made considerable progress, partly reducing the structure, and having it of a distinctly cellular character, exemplifying another interesting form of disease, the honeycomb structure. In several different portions, when dividing the solid matter, occasionally would appear an isolated hydatid, about the size of a small walnut. The weight of the solid matter was altogether thirteen pounds.

Such, then, is the above related case, the true nature of which, both as to its constitution and attachments, could only be ascertained by extensively laying open

the abdomen. In considering its treatment, the deficiency of evidence as to whether and to what extent the uterus itself was directly implicated, the fear of insuperable adhesions, and the general obscurity of diagnosis as to the real character of so large a collection of disease, at once banished any idea we might have had of attempting extirpation. Although its relation to the uterus would have offered no obstacle to its successful removal, this fact could only be positively known by ocular evidence; while its extensive and massive adhesions to contiguous parts in the lumbar and iliac regions, must have rendered any attempt abortive, and its consequences highly dangerous. The course of medicines and appliances, usually so unavailing, were not instituted in this case with any sanguine expectation of subduing the disorder, although not without the hope of relieving and making her somewhat more comfortable. The introduction of the trocar, our only remaining alternative, with the view of moderating the great distension, proved wholly unsatisfactory, and worse than useless. From what has been stated, I think it will be generally admitted that extirpation was in this case altogether inapplicable; and it is more than probable, from the thickness and firmness of the adhesions, that they existed a considerable time previous to her applying for medical relief; which, it will be remembered, she was only induced to do *twenty-two* weeks prior to her death. We might, perhaps, at an earlier period, have been enabled with more accuracy to ascertain its relation with the uterus, yet we can but conjecture as to the practicability of the operation even at this period; And while the patient was as yet active, equal to her household work, and comparatively comfortable, we should not have been justified in inducing her to submit to an operation so formidable with such uncertainty as to the result.

(To be continued.)

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

BY GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of Ireland.

(Continued from page 122.)

In a report of the County Carlow Fever Hospital, which Dr. Shewbridge Connor kindly sent me, and which comprises the period from November 23rd, 1843, to November 21st, 1844, I find that there is recorded a large increase of fever in that district. Dr. Connor states, "In the last twelve months more patients have been admitted than in any two years since 1836." He says that "the typhus fever of the past year exhibited some symptoms very different from those of the disease in previous seasons; the most remarkable in this locality were, the dark and jaundiced appearances which the surface presented in consequence of congestion, or of greatly increased action in some of the biliary organs; hæmorrhages from various internal parts of the body."—"The mental

faculties sometimes were not 'affected in proportion to the derangement of the nervous system.' Other symptoms, of some correspondence to those of our epidemic here, are also given, but I have quoted sufficient to show this point already. The mortality was one in seventeen. It attacked an "unusual number of nursing and pregnant females." "Notwithstanding the severity of the symptoms in this epidemic, unless the patient suffered much from previous debility, a broken down constitution, or great local disorganization, the disease generally had a favourable termination." Dr. Connor adds, "The fever was of a most contagious nature."

This feature does not correspond with the evidence I have been able to gather on this question in our own fever, the conviction being general that it was not contagious; it is confessedly at all times a difficult problem* to solve unequivocally. Perhaps the same epidemic in one district would show itself only sporadically, whilst in another it might spread more prominently by contagion, this latter character being due to such peculiar depressing causes acting on the health generally, as deficiency of food, clothing, uncleanly habits, ill-ventilated abodes, &c. And this condition of the inhabitants of Carlisle, in the lower parts, is just what Dr. Connor vividly describes in his report, and to which he himself ascribes the virulence of the fever; and he very properly points out the imperative necessity of improved sanitary regulations, if fever is to be abated in a district. Happily now the attention of the country and of the government is at last turning with earnestness to this subject, so that economy of life, and of the public purse itself, will be certain to result from sanitary provisions carried out universally.

The wretched condition of the Irish poor, generally, will account for the severity of fever and other diseases always rife in that unhappy country, and for the superinduced contagiousness of their epidemic in the present instance; whereas in our suburban district it was the highest part topographically, and, in other respects, the better part of the town, where, until very lately, comparatively but few poor resided, being chiefly the residence of the wealthier classes, which was chiefly visited with the disease. How, in this case, could the origin of the epidemic be traced out, except it be deduced from some very general change in the circumstances of the district, seeing that the usual sources of severe fever were almost absent from the place itself where it chiefly broke out. Unless it be ascribed to local peculiarities of situation, favouring the meteorological impressions, one is puzzled to divine the "*fons et origo mali*." It is needless to remind the reader, that as the spot generating malaria does not suffer so much from its influence as the bordering places to which the noxious miasms may be carried in currents by the wind, especially if such strike upon a higher land, as a hill side; so it is probable, as Dr. Dickinson suggests, that this mode may have operated to develop the fever at Everton, and around, viz., by the influence of the wind pretty constantly blowing in such a direction as would drive currents of noxious gases and mephitic vapours from the flat level of the town and river banks, this effect being also aided by the reducing power of the atmosphere.

Mr. Abraham, to whom I am indebted for tables of the weather, is of opinion that the direction of the

wind would certainly strike upon Everton over the low quarters of the town and flat district along the river, and that he had no doubt as to this having a great influence in developing the epidemic. He states, "that for twenty years he had not known such a constantly prevailing wind from the south east quarter."

Some practitioners were inclined to attribute a great deal to the variations of temperature, but this is quite opposed by the results which Dr. Guy has lately arrived at for London. He found that the amount of sickness varied directly as the temperature, being a maximum in the hottest, and a minimum in the coldest month. Diseases of respiratory organs follow an inverse order, being most numerous in the coldest months. The hygrometric state of the air, which acts chiefly in generating the above affections of the colder months, cannot be said to have acted alone in this case. Season again, does not operate by precise rule in producing sickness, but differs "year by year." Dr. Guy's general and last proposition is, that "the amount of sickness tends to vary directly, and the amount of mortality inversely, as the temperature."¹⁰

With regard to the recurrence of the sanitary shivering "or rather coldness," about the 11th or 14th day, as observed by Dr. Richard Hindle, (*Provincial Medical Journal*, Oct. 7, 1843,) I have not had an opportunity of verifying such in the cases which have been reported to me, although I think it very possible that a slight symptom of this nature may have escaped general observation.

The rare occurrence of any petechial eruption, though often carefully looked for, particularly in the fever-wards, does not encourage the idea that the typhoid forms are closely approximated to eruptive fevers.

From Dr. Cowan's 'Retrospective Address,' of 1844, the earliest date at which the epidemic appears to have set in, was about the autumn of 1843, "in Edinburgh and other large towns of Scotland," which was noticed by several eminent physicians there in the journals of that date. It was denominated the epidemic remittent; and in this respect appears to have been identical with our own. Dr. Cowan adds, "Since January of the present year, typhus has reigned epidemically in Paris. It was at its maximum of intensity in April, had a strong tendency to a remittent or intermittent form, and appeared to increase with a westerly, and to diminish with an easterly wind. Erysipelas has also prevailed during the same period. Dr. S. Forry's description of a malignant fever prevalent at Roudout, New York, in August and September, 1843, closely resembles that of the Scottish epidemic." (*Transactions of the Provincial Medical and Surgical Association*, New Series, vol. i., page 17.) Dr. Cowan also draws attention to an admirable description by Dr. Dielt, of the epidemic of typhus, which ravaged the Austrian capital during the years 1842 and 1843.

At the time of our own epidemic I had not read Dr. Cowan's address, and therefore whatever degree of correspondence there is between these notices of epidemics elsewhere, which he quotes, and the observations detailed here, will be received as valuable evidence of coincident observations derived from unbiased records. Dr. Dielt's remark, that a red tongue seemed the index of the most favourable condition, and that a

* *Provincial Medical and Surgical Journal*.

pale tongue was associated with a painful abdomen, I have not seen verified in our experience.

Dr. Dielt noted the acute tuberculization of the lungs preceding or following the epidemic; but he does not state whether such disease yielded more readily to treatment than in ordinary, a fact which some believe, and already quoted in this paper. Both the fever and the tuberculation appear to have had their more ordinary symptoms merged, so as to mask the presence of each. He considers that the fever gave an activity to latent tubercle, and there is no doubt that rapid phthisis is not infrequently associated with fever, suddenly presenting the latter stages of this disease, when the stage of deposition of tubercle must often be traced back through the fever to an antecedent period.

Another point dwelt upon by Dr. Dielt is, "that those enfeebled by anxiety, or deficient food, were very seldom affected." This strikingly agrees with our observations here, and which was so general a truth, that I do not suppose there is a single practitioner who will not bear testimony to the fact. Before parting with Dr. Dielt, let me trespass on the reader by a final quotation from him, as referred to by Dr. Cowan, because it may find some corroboration in the statistics I have so very imperfectly tabulated. He states that "a decided exacerbation of the epidemic was observed every third week, but in proportion as the cases were severe was their number diminished, as if the quantity of the poison remaining the same, its diffusion was subject to periodical contraction and expansion."

A paper, recording some of the effects of the malarious poison, can have little to do with its origin, although from my own scanty observations, I feel inclined most to accuse vegetable decomposition. There is an opportunity about to occur in this district, which, if well observed, might perhaps tend to throw some additional light upon the development, march, and modifying agency of miasmata. The locality at present healthy, and having the types, &c., of its present diseases marked carefully, will be shortly obnoxious to the influence of marsh miasm, which may be accurately watched in its effects upon the sanitary constitution of the district, and the hilly character of the neighbouring ground will furnish currents and foci where its effects may be tracked out. This district will again become, some two or three years hence, changed in respect of originating malaria, and probably also become densely populated in the course of time by busy hives of beings dependent on the commercial activity which large dock-space creates. The malarious area will be partly covered by the water of the docks, and partly by the surrounding warehouses and tenements.

In referring to the map, the reader will remark, on the Cheshire side of the River Mersey, a large body of water, called "Wallasey Pool," up which, for a considerable distance, the tidal waters of the river at present flow. New docks are in the course of construction upon this site, and as the tidal flow will be cut off by a sea-wall run across the mouth of the pool, a large space will not only be left divested of its periodic salt-water covering, but the depth of mud, accumulated for centuries, must be removed. It is genuine mud, not river silt, but a noxious deposit from half stagnant water, the amount of which, along with

the subjacent rock and sand, has been estimated, at a rough guess, and from inspection of the plans and the works, which appear to be already completed, at from 1,500,000 to 2,000,000 cubic yards of excavation. Here may be presumed to be a fountain of intermittent fever, which will be unsealed for the first time in our neighbourhood, and then, if I may retain the figure, resealed, but not till it has told upon the excavators and surrounding population. If along with meteorological observations the medical practitioners of the districts of Birkenhead and Wallasey would note carefully the advance and progress of the endemic threatening their quarter, valuable data might be obtained bearing upon the etiology of ague, the exoteric periods of Dr. Laycock, and other important subjects of research.

In reference to malarious agency, I have at present a patient, a lady, who whilst on a visit to a fen district, caught ague in one of its most severe forms, inasmuch that her life was apprehended to be in great danger for a long time. After removal, she gradually recovered; but though now enjoying ordinary health, yet at every catamenial period she gets a regularly formed quotidian fit, and then she has no more of it until the next period comes on. It is an interesting illustration of Dr. Laycock's esoteric periodicity, or internal series of choral changes. The ague influence also impresses itself upon any catarrhal or other disorder.

The antagonism of typhus and ague is partly borne out by the topography of our epidemic, which the map will exhibit; the usual fever district, where the typhus always "has a home" in Liverpool, was not touched by the epidemic, which visited the best sanitary quarter of the township.

(To be continued.)

ON THE ARRANGEMENT AND TREATMENT OF CUTANEOUS DISEASES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A series of papers which have recently appeared in the *Provincial Journal*, from the pen of your correspondent, "S.A.R.," on cutaneous diseases, must have attracted the attention, and to a greater or less extent won the approbation of all your readers, who take any interest in the subject. The classification is natural, the definitions concise and pointed, and the whole may be studied with advantage by those who are in search of a bird's-eye view of the various diseases of the skin which they are liable to be called upon to treat. Nosology, however, whether general or cutaneous, is a very unsatisfactory science, utterly useless except for purposes of description, very liable to mislead and embarrass the learner, and pretty generally repudiated by men who are practically familiar with the ever-varying phases, and complications of disease.

Willan's arrangement, which is convenient enough for all the useful purposes of classification, is nevertheless open to many objections; among the least of which it may be mentioned that it is full of contradictions, and overlaid with a needless multiplicity of subdivisions. The degrees of severity and stages of some diseases are honored with distinctive names,

and the definitions of others are at direct variance with the generic character of the divisions under which they are placed. No writer on cutaneous diseases since Willan's time, not even Bateman, his friend and pupil, has adopted the arrangement of that ingenious man, without some attempt at improvement. The light of modern anatomy, as reflected from microscopic examinations, has more recently shed her beams upon this department; but it may be affirmed, that every attempt to improve upon Willan has failed in some weak point or other; and every author has probably met with difficulties which he did not anticipate.

Your correspondent has at the outset fallen into an error, which is liable to lead to mistakes in practice. Under the class of *inflammations*, he includes several diseases which are not always nor generally inflammatory, and when he comes to speak of the treatment, he says, that all inflammatory diseases of the skin must be treated on antiphlogistic principles. This last position is unquestionably true and important; but does the author remember that under the head of inflammatory diseases, he has included sudamina, miliaria, pemphigus, impetigo, ecthyma, rupia, porrigo, and furunculus? And does he propose to treat these diseases generally by low diet, bleeding, purging, and antimonials? There is no mode of escaping the horns of some such dilemma as this, and it is therefore earnestly to be wished, that the talent and ingenuity which has been actually thrown away in attempting to reform the classification, had been devoted to the improvement of the *treatment* of these diseases, a department of therapeutics which numbers but few labourers, and has consequently been inadequately cultivated.

The *chronic and non-specific* diseases of the skin are often found intractable and unmanageable under the most approved rules of treatment; and the dermato-pathologists who have succeeded Willan, appear to have been satisfied with arranging, and grouping, and delineating diseases, without proposing any suggestions which might even open a prospect of permanent improvement in their treatment. I trust that the following observations, which are not the crude fancies of an hour, but the results of many years' rigid and close enquiry, will meet the eye, not only of your respected correspondent, but of many readers, who from hospital or other public appointment, may have an opportunity of putting my suggestions to the test of practical experiment on a large scale. I will endeavour to condense my views as much as possible.

The *chronic, non-specific, non-contagious* diseases of the skin, by which I mean lichen agrius, certain varieties of prurigo, psoriasis, lepra, chronic eczema, impetigo, acne, sycosis, and lupus, are disorders of constitutional origin, and compose the group of diseases of which I propose to discourse. My remarks apply to all of them without exception, and to few other diseases.

1. They are all curable (when uncomplicated,) in every stage and in every degree of inveteracy, where the patient's strength is not irrecoverably exhausted, by intemperance or other cause.

2. It is not necessary to distinguish them from each other in order to treat them successfully. Psoriasis, lepra, lichen, and eczema impetiginodes, in their more aggravated forms, present a mass of dark-coloured

thickened incrustation, full of fissures, which bleed and discharge serum or purulent matter. This obscures the primitive eruption, but the indication for treatment remains the same.

3. It is necessary to ascertain whether these diseases be of syphilitic origin or not; many of them are to be met with of this character.

4. It is also necessary to determine whether the disease be attended by a febrile condition of the system or otherwise.

The indications of treatment are very simple. Febrile action must first be reduced by bleeding, general and local, purgatives, antimonials, colchicum, low diet, &c. Then, if the disease be syphilitic, and especially if also of squamous character, mercury, liberally administered will be all that is required. If the disease be not syphilitic, the pulse being natural, the general surface cool, and if there be nothing wrong about the general health which other means will rectify, we may confidently rely upon arsenic, *rightly administered*, to restore the patient. No external applications are ever necessary to the cure. Tepid baths are, however, admissible and desirable.

Arsenic, however, is seldom rightly administered, and therefore often fails. The following rules for its safe and effectual exhibition will be found exceedingly valuable in practice:—

1. The use of arsenic is contra-indicated where there is a feverish state of the general system, a quick pulse, hot skin, &c.

2. It should never be given on an empty stomach.

3. It should never be given in increasing doses. This is a fatal and almost universal mistake.

4. The largest dose ever required is five minims of Fowler's solution three times a day.

5. This dose, if mixed with the food, will not irritate the stomach or bowels, but will, in the course of a few days or weeks, produce an itching or smarting in the conjunctiva. This membrane will appear slightly inflamed, and the lower eyelid will soon become a little puffed or swollen. The cutaneous disease will now begin to decline, and the dose must be reduced to four minims.

6. If the conjunctiva continues much inflamed, the dose must be further reduced, but the conjunctiva should be kept tender throughout the whole course.

7. If the skin becomes more inflamed, the course must not be interrupted, but a few leeches must be applied to the margin of the diseased portions, or an occasional aperient exhibited.

8. The arsenical course must be continued for as many months after the final disappearance of the eruption as it had existed years before. This will prove a security against a relapse.

9. The medicine should be procured from Apothecaries' Hall. It is very commonly adulterated by druggists.

10. Cutaneous disorders treated in this way seldom return, and never severely; nor is there any danger of metastasis.

This plan, when fairly carried out, has never failed in my hands, in any of the diseases above enumerated. But where the disease depends upon local causes, these must be previously removed; and attention should also be directed to the state of the digestive organs, and any deviation from healthy function should

first of all be rectified by treatment on established principles.

Incidental Variations.—1. Cutaneous diseases are sometimes complicated with diarrhoea and general irritability of the intestinal canal. If this cannot be readily relieved by common measures, arsenic will be found to soothe the bowels, (the pulse being quiet,) in the same degree in which it allays the irritability of the skin. Both surfaces suffer from the same constitutional derangement which the arsenic rectifies.

2. Some individuals are, from idiosyncrasy, unusually susceptible of the effects of arsenic. In these cases, doses of from one minim to two, will be borne with impunity, and will prove as effectual as a larger dose in common cases. The curative powers of arsenic will always be found to reside in doses too small to be mischievous.

I shall feel greatly obliged to any member of the Association who may feel disposed to give my plan a fair trial, to communicate the result through the medium of the Journal. It will ultimately be found that arsenic is a specific for these diseases, for the cure of which it has never yet had a fair trial.

I remain, Sir,

Your obedient servant,

THOMAS HUNT.

Herne Bay, March, 1846.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 1, 1846.

The sickening details which the working of the Poor-Law Act, under its present system of management, is continually bringing before the public notice, are, we fear, likely to produce a very mischievous effect upon the moral feelings of the country. No maxim is better founded, no truth more apparent, than that familiarity with evil begets a disregard of it. The progress of cruelty, from its first initiatory steps in the unchecked thoughtlessness of childhood, through a long course of crime, and ultimately to murder itself, by the hand of the hardened adept, has been forcibly portrayed by Hogarth; and no one can look upon his vivid sketches without acknowledging their strict conformity to the truth of nature and experience. It is the same with every species of iniquity; the innate consciousness of moral wrong is soon deadened, and repeated contemplation of evil of any description, rapidly accustoms, and even reconciles the mind to its existence.

We say, then, that it is greatly to be feared that the inflictions so frequently perpetrated on the distressed poor by the harsh operation of the Poor-Law, will tend much to lower the moral feeling of the country, and to break up those sympathies which should exist between man and his fellow-men. The poor are becoming accustomed to dis-

regard the social ties of family affection, for they see them habitually and recklessly severed under the sanction of legal authority. The relieving officers, guardians, and commissioners, as the instruments through which such authority is exercised, are daily witnesses of the lessons which they are called upon to enforce, and cannot but carry the poison into their own homes. They severally, in their respective stations, become accustomed to disregard the cry of suffering, for the duty appointed them by law is to withhold the relief required until the necessity for it is extreme, and then to yield it with unwilling hand, and with restrictions which replace bodily want by distress of mind and outraged affection.

The inquiry into abuses existing in one union, is quickly followed, therefore, by a call for a like investigation into similar practices in another; and, though the cases may differ according as the system works on different points, yet they all bear the impress of undue harshness, and testify to the same unhappy consequences.

The Halstead Union has, within the last few days, afforded cause for inquiry into the working of the system, and in this instance the charges are against the relieving officer. These charges were—1st. That he refused to give an order for medical relief, the case being one that required it. 2nd. That he refused to give assistance, notwithstanding the case was urged upon him notice by a respectable and competent person, as being one in which delay in giving the required aid would prove fatal, without himself visiting the patient, or taking steps to judge of the propriety of the application. 3rd. That he has frequently authorized and paid for the attendance of a midwife.

With regard to the third charge, it may be briefly observed, that in addition to this female functionary, being not even recognized by the law, it was stated in evidence, that the person employed as such by the relieving officer, was, from habits of intoxication and negligence, otherwise incompetent. The second charge was fully made out by the evidence of Mr. Rodick, surgeon, of Halstead, who had been asked to see one of the sufferers as he was passing the house, and himself went to the relieving officer, pointing out the necessity which then existed of immediate attention being paid to the case.

We cannot, however, enter into details; it is the system to which objection applies, rather than to any individual infringement of it. Accordingly, the defence pleaded by the relieving officer, backed, we may observe, by a previous decision of the Board of Guardians on the point, was to this effect; and in addressing the Assistant Poor-Law Commissioner, who presided at the investigation, we find him saying, "That this investigation did not apply to himself, but to the system;

not to him, so as to affect his position as a public officer and a private individual, because, in a manufacturing town like this, (Halstead,) they had a large number of idle persons standing about, and if odium were passed on him, he should be subjected to more odium from them; therefore it was of great importance that he should show he was a scape-goat in the matter. The Reverend gentleman, (the Rev. W. Way, clergyman of the parish, and Chaplain to the House, who brought the charge,) Mr. Rodick, and others, had stated it was the system as carried out by the Board of Guardians, and others; it was satisfactory to him to see it was not intended against himself."

Be this as it may, in one of the cases brought forward, that seen by Mr. Rodick, the life of the mother was, with difficulty, saved, that of the child being the sacrifice. In another case the poor woman herself fell a victim, either to the misconduct of the relieving officer, or, as we are rather bound to infer, from the circumstance of the Guardians having previously acquitted him, to the system under which such practices can be permitted and defended.

MEDICAL DISCIPLINE.—THE POWER OF EXPULSION.

The following hints on medical ethics in aid of Medical Reform, may not be out of place in the day of supplemental and renovated charters. They were forwarded to the *London Medical Gazette* of February 13, 1846, by an old correspondent of that Journal, and a Member of the Provincial Medical and Surgical Association:—

The basis of all medical discipline and improvement is the power of expulsion from the Medical Corporations. The want of medical discipline, and the low state of ethics in this country, have attracted the attention of highly educated foreigners. These things are said to be better managed in France and Germany, in which countries medical etiquette, when broken and violated, is adjudicated by reference to courts of honour, provided by their medical codes.

As to the profession in London, Professor Marx, of Göttingen, in his 'Recollections of England,' in 1841, observes, "Quiet merit, unless very great, is scarcely estimated, but the man who talks about his cures, makes himself conspicuous every where, and in addition, has cunning enough to carry out his schemes, is considered by the public to be a practical man." The learned German was initiated into the way of getting on in London. A physician, he was told, *must be a boasting, ubiquitous, bustling, intriguing fellow, to get on fast, or indeed at all.* (*British and Foreign Medical Review*, Jan. 1843.) Truth is no libel: our Hopes, &c. are the exception, not the rule.

With regard to the law, its members rarely quarrel; jealousy between seniors and juniors rarely disturbs the more even tenor of their way. This may, in some degree, be attributed to the lawyer's path being directed by rigid precedent, while the public eye is scarcely fixed upon the machinery

or manner by which the end to be accomplished is attained. Not so the medical profession. Those who practice it are in constant personal contact with the public: this is the only source of their fees, and every error incidental to an uncertain art is readily seized upon as a fulcrum for the removal of a rival from the field of competition. In this the sensitive mind of the gentleman is swamped, and his talent rendered nugatory, by the adroit manoeuvres of one more cunning and less honest than himself. Such has always been the state of the profession in this country. In the middle of the last century Vicesimus Knox observed to a young physician, "For your knowledge of anatomy and physiology men of talent may respect you; but your fortune must be made by old women and fools," whilst the great lexicographer, although he eulogizes the learning and exemplary kind-heartedness of physicians, says, "Those that employ them know not their excellence; those that reject them know not their deficiency."

Nothing can tend to elevate the moral character of the profession, but the stern and impartial exercise of the power of expulsion vested in the corporations, combined with the establishment of courts of honour, for the regulation of professional intercourse and the settlement of disputes. Notorious delinquents would then be brought to the bar of professional justice, and the expelled and degraded member, in spite of the popular manners and obsequiousness advocated by Dr. Young, (*Medical Literature*,) would find his just punishment in the withdrawal of every means of professional communion; *such communion or intercourse, as in the law, being absolutely prohibited.* In fine, leaving to a more enlightened legislature the construction of a national code, we surely may succeed, without the conflict of antagonist corporations, in carrying the only important points in which there can be no difference of opinion as to their utility and absolute necessity—points too, which would have been secured by each of the four medical bills, and which would require no complex plan to embody them speedily as *bona-fide* acts of the legislature.

These points are—1st. A registration of all qualified medical practitioners.—2nd. A power to be vested in the charter of every corporate body, of expelling members guilty of flagrant misconduct. By the first, might be secured to every graduate or licentiate of our medical corporations an equal right to practise his branch of the profession throughout the empire. By the second, a power of regulating medical practice and medical ethics could be provided; and the profession, keeping pace with the improvements in law and divinity, would become thereby, what it is not at present, a society of gentlemen. This, indeed, would be the only means of generating a genuine—a proper *esprit de corps*. In every city and town, the constant squabbles and disputes between the rival members of an overstocked profession are not to be concealed. Men, calling themselves gentlemen, are daily guilty of such unwarrantable acts in their intercourse with each other, as would render the lawyer or clergyman equally culpable, amenable to the interposition of the tribunals which regulate their better disciplined professions; while, in the Army or Navy, a homœopathic fraction of the same wrangling and backbiting which happens every day in every grade of medical practice, would be referred for the adjudication of a court of honour.

ANECDOTA BODLEIANA: UNPUBLISHED
FRAGMENTS FROM THE BODLEIAN.

(Continued from page 140.)

EXTRACTS FROM DR. WILLOUGHBY'S PAPERS.

LETTERS FROM MR. JAMES YOUNG.

Plymouth, March 23, 1694.

Honoured Sir,—We had a year since a disease fell among almost all the women that had child from November to February. They were seized with slight excoriations about the nipple, which, in despite of all art, would spread, and at last infect the whole body with a disease resembling the pox; viz., ulcers in the throat, pustules, and scabs in the skin; pains mostly nocturnal. That it was not the pox, but some epidemic, or rather endemious disease, seems true; because salivation and mercury did little to it, and the infected women hurted not their husbands. It is true children, nurses, and even those who attended, were infected often, but never any man touched it. One of my patients, whose breast was deeply eroded, and had divers pustulæ and ulcers, is now going to London on some affairs; I fancy she is not yet thoroughly well, although I have salivated her, and kept her long in a course of antimony, diet drinks, &c. I directed her to wait on you to crave your opinion whether the Bath would not be proper for her.

Plymouth, Nov. 17, 1695.

I never heard Columbus named amongst the pretenders to the discovery of the circulation; but Cæsalpinus, [and] Padre Paulo, of Venice, (the author of the "History of the Council of Trent;" not Paulus Venetus, the traveller,) are all the moderns named that I ever heard of. I need not tell you how many disputed the truth of the experiment itself, and what was written against it by Æmilius Parisanus, Riolan, Primrose, and some others, which Harvey answered himself (vid. *Exercitat. Anat.* edit. Lugd. Bat., 1639.); but he never positively affirmed that he was the first discoverer, after all that Wallenius, Riolan, Spigelius, had said on the point; but that he had his hints from the *Exercitat.* of Andr. Cæsalpinus, and what P. Paulo, (who was at Padua with Harvey, and thought to be him who first discovered the valves in the veins to Fabricius ab Aquapendente,) [had told him] seems very likely, though the perfecting and explaining the thing were undoubtedly his, as a learned Physician of this age does acknowledge, though at the same time he strives to diminish the glory of Dr. Harvey.

LETTER FROM DR. (AFTERWARDS SIR PATRICK,) DUN.

Honoured Sir,—About six months ago I had the favour of a letter from you; so soon as I received it I sent to the Registrar for two years' Bills of Mortality. He could not furnish me with six months complete, he wanted several bills; therefore I gathered so many as I had by myself, and tied them up with a copy of our Charter, which the College gave me leave to take for myself. I tied all together, and directed to you at the Charter-House, and sent it by a friend that was going to London. I make no doubt of its being sent safe to the Charter-House, but I suspect my letter to you was never sent. The next thing you desired to be informed of was, what we had done about our Charter,

and against Empirica; but we have no statute law against them in Ireland. One was put into the Bishop's Court; the Bishop referred him to be examined by the censors of the College; we did examine him both publicly and privately, and called in some of the clergy to bear witness; we gave in our report, that he was grossly ignorant; we have not heard of any further proceedings against him. This hath discouraged us from any further proceedings in that court, which we cannot impute to the Bishop. We petitioned the House of Commons to confirm our Charter; upon our petition they voted a committee to peruse it. A chairman to our own liking was chosen, but in my opinion, he, by his diffidence of our success, let the committee fall; but that Parliament was so soon dissolved, that we could not have done anything. The Parliament now being, and which is expected to sit next month, was moved to regulate the practice of physic; they referred it to a committee, but little was done. Next session they must begin again, because the Parliament was prorogued. I hear that your College in London printed the state of the practice of physic in London; that there were several answers and replies. I believe they might be very useful to us against the next session of Parliament, if you would do us the favour to let us know where they were printed. Amongst the Bills of Mortality that I sent to you, the Bills for a quarter in which the small-pox did rage in Dublin, were all rolled up together and tied with a pack-thread. If you have perused them and our Charter, I pray you tie them both up together, direct them to the Lady Parker, at Sir Edward Abny's house in Bedford Row, in Holborn, in London, to be sent to me in Dublin. The said Lady Parker is Sir Edward's daughter, and is married to Captain Butler, of Ireland; she is the bearer hereof, and intends to return to Dublin in six weeks time. Both that quarter of weekly Bills of Mortality, and the copy of the Charter, may be of great use to us the next session of Parliament. That copy you have is the only copy that the College hath allowed to be taken of our Charter; it is very troublesome to use the original so oft as there is occasion for it. I hear that the Physicians in London prescribe frequently red cows' piss for the colic, rheumatic and scorbutic pains, &c.; if you will be pleased to let me know the truth thereof, and let me know what improvement in physics have been lately made, you will infinitely oblige,

Sir, your most humble and faithful servant,

PATRICK DUN.

LETTER FROM DR. DUN.

Dublin, March 2, 1698.

Honoured Sir,—Since my last, I have had the favour of two of your letters. It is about a month since I received the first written of them and the printed papers. Lady Parker hath not as yet left London; she sent them by a gentleman, who left them at Chester with some other things he left there; which lay long waiting for a fair wind. Your second, dated 15 of November, gave me advice of these papers, and being after that in daily expectation of them, I must confess I was not so forward the last session of Parliament as I might have been. The Parliament

is prorogued to the 30th of May; if ever it sit again, I hope to make good use of your papers. We are very sensible of your great favour and kindness in sending these papers, and candid and sincere advice about the regulating the practice of physic. We thank you most heartily for the same, and beg the continuation of your favour in procuring us a copy of such other papers as may be printed on the same subject between this and the 30th of May next. I thank you most heartily for communicating so freely your advice about malignant fevers; I have not met with any fevers of that kind, in my practice, to make use of your advice. We have had a fever which hath made some noise as if it had been malignant; but I am not as yet convinced of the truth thereof, because I have had no women under my care of that fever, but only men, and such as fell ill after hard drinking of wine; who commonly, in five or six days, fell a raving; soon after spots appeared; a few days after they fell a sweating, which commonly ended in cold clammy sweats; and commonly that coldness of hands and limbs increased till they died. After this manner died several officers at Dundalk camp; and in the winter after, I can impute it to no other thing but our French wines, which being very small last year, are commonly mixed with spirits in great quantity, which inflameth the blood, and is the occasion of the fever upon the least cold. I have observed of late, that I am more affected with three or four glasses of wine in a tavern, than by double the quantity in my own or any private house that hath not wine from taverns. Mr. Box, druggist, at the Red Cross, near Cornhill, sendeth drugs to many of our apothecaries; if you have any papers to communicate, be pleased to send them to Mr. Box, with directions to send them to me in Dublin; he will take care to send them, which will be a great addition to the obligations done to,

Sir, your most humble
And obliged servant,
DUN.

Selections, &c.

PURIFICATION OF DISSECTING ROOMS.

A memoir on this subject has been addressed to the Académie des Sciences, Paris, by Doctor Sucquet. He recommends the employment of sulphite of soda and chloride of zinc in anatomical researches, with the view of preventing decomposition, and obviating the offensive effluvia and other injurious effects which are the necessary results.

Each subject is injected with four litres* of a solution of the sulphite of soda, the injection being thrown in either by one of the carotid arteries, or by the popliteal or brachial arteries. The solution rapidly penetrates the whole vascular system, filling the veins, which are seen to swell and to become distended, and even the lymphatic vessels. In about six or eight hours the whole of the solution has disappeared from the arteries, having transuded through their coats, and penetrated by imbibition all the tissues of the body. If the subject is intended for the study of the vessels, it may now be injected in the

usual manner, and it would even seem with better effect than when the sulphite of soda has not been used. For the purposes of *post-mortem* examination, the body may be partially injected with the solution by the carotid, subclavian, or iliac arteries. The preservative effect of the sulphite of soda may be explained by the affinity of the sulphurous acid for the oxygen of the air. The sulphurous acid gradually absorbs the oxygen, passing into the state of sulphuric acid, and the tissues during this process are protected from the action of this powerful cause of disorganization.

When a portion of a subject thus prepared has been dissected and left exposed to the action of the air for about ten or fifteen days, putrefaction begins to take place. This may be immediately arrested by applying to the exposed parts a solution of the chloride of zinc.

These processes are now constantly followed under the direction of M. Sucquet, at the school of practical anatomy, of which he is superintendent. Nearly two hundred subjects were received at the school, in addition to those intended for daily distribution, between the 12th of November and the 2nd of February. These subjects remain in the rooms generally from twenty to thirty days, and yet the amphitheatres, where formerly an infected atmosphere was respired over the slabs and dissecting tables, wet with blood and corruption, are kept without "appreciable odour."

TINCTURA RICINI.

The following conclusions have been arrived at by M. Parola, from experiments performed upon himself and others, with some new preparations of the Ricinus communis:—1. That the purgative action of the ethereal and alcoholic tinctures of the seeds is four times more powerful than that of the oil obtained by expression, and that these tinctures are neither more emetic nor more irritant than the castor oil itself.

2. That these new preparations retain their properties unaltered for a very long time, whatever may be the climate or season.

3. That the purgative qualities of the ethero-alcoholic extract are comparatively less than those of the lees or pulp, from which it is obtained, shewing that this pulp contains yet another principle, insoluble both in alcohol and ether.

4. The advantage possessed by these new medicines, of not being emetic, is easily explicable, as from not requiring to be taken in large quantity, they do not overcharge the stomach, nor excite it to contract for their expulsion.

NEW MODE OF ADMINISTERING CASTOR OIL.

The following method of administering castor oil is proposed by M. Righini, as being less difficult and disagreeable than when the oil is taken in the ordinary way, without diminishing its purgative properties:—Take of gum arabic in very fine powder, eight grammes;* pure water, one hundred grammes. Make a mucilage with a little of the water, and then add of very pure castor oil, thirty grammes. Mix well, and dilute the mixture with the rest of the water. The filtered juice of an orange, and syrup of sugar, thirty grammes, are then to be added, shaking the whole well together.—*Journ. de Chimie Medic.*

* About eight pints and a half.

* The gramme is about fifteen grains and a half.

NITRATE OF POTASH IN INTERMITTENT FEVER.

M. Briquet has recently published the results of some trials which he has made of the efficacy of nitrate of potash in the intermittent fevers of the last year. Guided by some experimental researches from which it resulted, that the nitrate of potash, when injected into the veins of animals, produced, on the circulation and on the whole economy, effects similar to those produced by cyanhydric acid, arseniate of potash, sulphate of quinine, cinchonine, and the other febrifuges introduced into the blood in like manner, M. Briquet thought it probable that nitre, which was also found to exert an influence, in a high degree, on the heart and on the nervous system, corresponding to that which experiment had proved to exist in a marked manner in all febrifuge substances, was, in like manner, endowed with antiperiodic properties to a degree sufficient to arrest the paroxysms of intermittent fevers. This analogy seemed to be confirmed by the identity of the symptoms which followed the exhibition of the sulphate of quinine, and the nitrate of potash, in overdoses. Finally, it had been apparently shewn, by recent clinical observations, that nitrate of potash, like sulphate of quinine and cyanhydric acid, was capable of arresting the intermittent attacks of rheumatic arthritis.

Such were the grounds on which M. Briquet was induced to examine the powers of nitrate of potash as a febrifuge. The following are the results at which he has arrived:—In three cases the paroxysms completely ceased after the first dose of the medicine. In two cases the paroxysms yielded gradually. In one case only was there a relapse.

The dose of the nitrate employed was from four to six and eight grammes in the day. In one patient it was gradually carried as high as twenty-four grammes, increasing it from one to two grammes daily. It was given either in powder in unfermented bread, or dissolved in mucilaginous julep, during the six hours which followed the close of a paroxysm.—*Gazette Medicale de Paris.*

MEMORIAL TO SIR JAMES GRAHAM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Observing in the last number of your Journal that the signatures attached to the memorial, presented by the Hon. F. H. F. Berkeley, M.P., and Thomas Wakley, Esq., M.P., to the Right Hon. Sir James Graham, Bart., were stated to be 850, I beg to inform you that they were 1072; and I would also add that the memorial emanated from the "Bristol Association of Surgeons." Trusting you will do the memorialists the favour of correcting the error in your next Journal,

Believe me to remain, Sir,

Your most obedient servant,

HENRY ROBERTSON, M.D.,

Hon. Secretary to the Bristol

Association of Surgeons.

2, Terrel Street, Bristol,

March 24, 1846,

QUEEN'S COLLEGE, BIRMINGHAM.

The Committee appointed in August last to consider a proposition for annexing and adapting a course of preparatory instruction to the present system of the College, have presented their report to the Council, and, in accordance with the recommendations contained in the report, the following plans have been submitted to the Council, and on the motion of the venerable and respected Dr. Johnstone, were unanimously carried:—

The Council of the Queen's College, Birmingham, deeply impressed with the importance of improving the preliminary education of students in medicine and surgery, propose to establish, without delay, a junior department of their College, in order to afford to young persons intended for the professions of medicine and surgery, the advantages of receiving, within the walls of the College, early instruction in Latin, Greek, and Mathematics, (with the modern languages, and the sciences,) from tutors of University education, carefully selected for their abilities and acquirements.

The students to be lodged and boarded with their tutors, who will have houses provided for them near the College, and who will be responsible, each for the conduct of such young persons as are entrusted to him.

No particular age to be fixed for the admission of students, provided they have gone through the elementary training of a classical school, and can produce testimonials of their good conduct at such school.

The students in the junior department will be promoted according to their diligence and acquirements, but it is very desirable that they should be ready for matriculation, and for receiving indentures of apprenticeship, where required, by the time they have reached the age of sixteen, in order that they may offer themselves as candidates for the degrees of the University of London, the diploma of the Royal College of Surgeons of England, and the licence of the Society of Apothecaries, by the time they have attained the age of twenty-one, after which they may commence practice.

The most important and valuable privilege of receiving indentures without premium is offered to the students of the Queen's College by William Sands Cox, F.R.S., Dean of the Faculty. The privilege is most important and valuable, for in addition to the pecuniary aid which it affords, it relieves students from the danger of those vexatious, if not degrading services, to which apprentices have too frequently been found subjected.

The Academical year to be divided into two sessions—the Winter Session to commence October the 1st, and to terminate April the 14th, with a fortnight's vacation at Christmas; the Summer Session to commence May the 1st, and to terminate July the 31st.

Course of Study.—First year: Classics, mathematics, French, German, drawing.—Second year: Classics, mathematics, French, German, drawing, dispensing, chemical manipulation.—Third year: Descriptive anatomy, general anatomy, practical anatomy, physiology, chemistry, materia medica, botany, surgery, hospital practice, with clinical lectures.—Fourth year: Descriptive anatomy, general anatomy, practical anatomy, physiology, chemistry, materia medica, botany,

surgery, medicine, midwifery, forensic medicine, hospital practice, with clinical lectures.—Fifth year: Descriptive anatomy, general anatomy, practical anatomy, physiology, surgery, medicine, midwifery, forensic medicine, hospital practice, with clinical lectures.

MORAL MANAGEMENT OF THE INSANE.

Inquiry has decided that occupations in the open air and associated with amusement, have a beneficial tendency; and all who have any knowledge on the subject of lunacy, strenuously advise that patients should be employed as much as possible. There can be no doubt that the longer a delusion is dwelt upon, the more inveterate it becomes; and diverting the attention must, consequently, be attended with good. It is desirable, if possible, that the patient should be put to that kind of employment to which he has been accustomed. If he knows no trade or art, it is desirable that he should be instructed. Gardening and agricultural labour are highly recommended, but the labour of the patient ought not to be rendered a subject of profit. The labour should be moderate, and, as much as possible, in the open air. Music and dancing, also various games, may be resorted to with benefit, and according to the state of the patient; and no asylum ought to be without a well-selected library. Books judiciously chosen, and such as are not calculated to increase any morbid feelings of the mind, are important helps in promoting its serenity.—

Dr. Winslow's Edition of the Lunatics' Act.

COLLEGES OF PHYSICIANS AND SURGEONS: MEDICAL DIPLOMAS AND LICENSES.

From returns of the number of candidates examined, and the number of diplomas and licences granted by the Colleges of Physicians and Surgeons, &c., in the United Kingdom in three years, ending on the 31st of December, 1844, it appears that in 1842 the College of Physicians (England) examined for diplomas or licences to practice medicine, 12; in 1843, 10; and in 1844, 15; all of whom had licences granted to practice medicine by virtue of the statute 14 and 15 Henry VIII., c. 5. In the three years 124 candidates were examined for extra licences to practice medicine out of the London district, of which number 123 were granted. The College of Surgeons in the three years examined 1776 candidates, and granted 1576 diplomas. The Society of Apothecaries in the same period examined 1137 candidates, and granted 953 certificates. At the University of London in three years (1842-3-4), 114 candidates for the degree of bachelor of medicine were examined on the first or preliminary examination, of which number 72 passed. On the second, or final examination, 67 were examined and 60 passed. In this period 23 were examined and passed for the degree of doctor of medicine. No rights or privileges are attached to these degrees, except that graduates, being also licensed practitioners, are eligible to become medical officers of Poor-Law Unions. At the University of Cambridge the degree of doctor in medicine was conferred on ten

persons, and licences to practice in medicine were granted to nine persons. The University of Oxford examined six persons for diplomas and granted them. For licences eight candidates were examined and seven were granted. In Scotland, at the University of Edinburgh, in the three years, 148 passed the first examination, 87 the first and second examinations, and 152 the second examination; 244 graduated in the three years. At the College of Surgeons, Edinburgh, in the period, 306 were examined for the diploma of licentiate, of which number 266 were admitted. For the diploma of Fellow of the Royal College, four were examined and admitted. There were 38 navy medical officers examined for promotion, of which 35 were admitted. At the University of Glasgow 71 persons passed for the degree of doctor of medicine in three years and three for graduates in medicine and surgery. At the University and King's College, Aberdeen, 25 had the degree of doctor of medicine conferred on them. At Marischal College and University of Aberdeen, 29 were examined, and 13 granted. At the University of St. Andrew's, 130 were examined, and diplomas granted to 117. In Ireland, at the King's and Queen's College of Physicians, the total number of licentiates elected was 14. At the Royal College of Surgeons, 139 were examined, and 129 had diplomas granted. At the Apothecaries' Hall, 181 were examined, and 164 licences granted. At the University of Dublin, 14 degrees of doctor of medicine were granted, besides other degrees which are mentioned. The returns extend to eleven pages, and state the rights and privileges which the diplomas or licences have conferred on their possessors.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, March 12th:—Robert Richard Crucefix; Williams Gibbs, Yalding; Barzillai Augustus Harling, Chester.

Gentlemen admitted Licentiates, Thursday, March 19th:—John Marshall, Ely; John Morris Bennett, Broseley.

OBITUARY.

Died, March 18th, James M'Dowell, Esq., late senior member of the Medical Board, Bengal.

TO CORRESPONDENTS,

Communications have been received from Mr. Wales; W. A. G.

A Constant Reader.—No such power is vested in the Registrar-General, either by the clause in the Registration Act, referred to in his circular to Medical Practitioners, issued in the year 1845, or by any other part of the Act.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

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REPORT OF A CASE OF OVARIAN DISEASE, WITH A FEW BRIEF REMARKS UPON OVARİOTOMY.

By THOMAS MIDDLETON, Esq., Surgeon.

(Read before the Manchester Medical Society,
March 4, 1846.)

(Continued from page 143.)

In considering extirpation as a means of cure for such a variety of diseases as are included under the title of dropsical ovarium, or ovarian tumour, it would appear to command a very general application, and we are naturally led to canvass its merits with high expectations of its remedial value; but let us compare the conflicting opinions grounded upon its very opposite results, and we at once find a difficulty in deciding as to its intrinsic worth, since we may never be said to possess a complete knowledge of the disease and its hearings, without incurring the peril attendant upon laying open the abdomen. So long then as we cannot by any other means obtain the key to this mystery, well may its sufficiency for the proposed object be called into question, and its success remain so very equivocal. With the present limit of human perception, I think this difficulty must in many cases continue insurmountable, until extended experience and attentive observation shall have supplied us with some few symptoms at least for our guidance less fallible than we at present possess, by which we shall be enabled to command a correct diagnosis both of the diseased product, its complications and connections, before we can justify its much more restricted application, or even establish it as a legitimate operation. The above case of multilocular ovarian dropsy supplies us with an instance where extensive and massive adhesions existed without being indicated by pain referrible to their seat; while the uterus expected to be more or less organically implicated, was presented to us in the *post-mortem* examination merely emaciated, and connected only with the morbid structure by the broad ligament and tube. It moreover proves one fact, certainly of some practical value, viz., that uterine hæmorrhage occurring in a female with ovarian disease, is, when taken by itself, no direct evidence that the uterus is suffering from disease, which would interfere with the success of any operation instituted for the removal of the ovarian affection. It will be seen from many published cases where the operation was commenced but could not be completed, and from others where it failed absolutely from error of diagnosis, that we are much in want of some more sure and definite points upon which we can with greater confidence rely, and

by which we shall be enabled to pronounce what are, and what are not, the symptoms which ought in these cases to govern our opinion as to the real necessity for operating. We ought, too, I think, in justice to the patient, to be able to give some reasonable guarantee for a consequent degree of benefit, at least commensurate to the pain inflicted by the operation, and which she has a right, after submitting to, to expect, that is supposing it not to have terminated fatally.

When so much depends upon the peculiarities of each individual case, the task of generalizing becomes doubly difficult, and frequently impossible; nevertheless, our acquaintance with true indications of certain morbid conditions of this organ must be shewn to be more exact than at present, or the issue of this operation must necessarily continue most uncertain, and its danger imminent. Although many years since it has not wanted a precedent, it is only during the last few it has become in this country so fashionable, and its supporters have assiduously attempted, the utmost uncertainty of diagnosis still remaining, to procure for it a prominent position as a means of cure for an often complex class of diseases. The accumulated cases afford us among many returned as cured, an unusually great proportion where it had proved fatal, while at the same time we have been favoured with an uncertain number merely given in as not cured; and in some instances after the abdominal parietes had been layed open to some extent, it was impossible to complete the operation; in others, no vestige of a tumour could be found, the patients thus having, as Dr. Forbes states, hazarded their lives and undergone much suffering to no purpose. Notwithstanding these unsatisfactory results, and the admitted obscurity of diagnosis, there remain many medical men among its supporters, although it would appear a far greater number are strenuously opposed to it. With the preponderance of opinion decidedly protested against it, among which will be found the names of Drs. Wm. Hunter, Hamilton, Ashwell, R. Lee, Copland, Mr. Liston, and many others of established reputation, it is hardly likely to become general, or for any length of time maintain its assumed popularity; while the best energies of its supporters will be constantly required to sustain it through an apparently well-grounded opposition. In the cases reported as cured, it would be exceedingly satisfactory to be supplied with a further account of the real state of the patients' subsequent health; also as to their being equal to attend to their accustomed household duties, or other occupation, which have as yet been rarely commented upon. There is reason to believe in many instances a sufficient

time had not elapsed between the operation and the announcement of cure, to justify this conclusion, only perhaps prematurely or temporarily adopted, and not definitively arrived at. Many other cases too there are, where doubtless the cyst or tumour was removed, the wound readily healed, and the patient recovered from the danger of the operation, without having been truly and permanently cured by it, either of the original disposition to disease, or the morbid effects consequent upon both. It is difficult to believe but that unsuccessful cases have occurred, which have been withheld from publication, and this, with the indistinct bearing of dissimilar cases, more than any other circumstances, contravenes any aid we might otherwise have derived from statistical evidence, of which we can only serviceably avail ourselves when offered indiscriminately. On the other hand, it must be allowed there are a limited number of *bona-fide* cures, but what proportion these bear to the number of less satisfactory or fatal cases, we are hardly at present in a position for correctly estimating.

Notwithstanding the objections which have been offered, I think it very probable that in a few judiciously-selected cases, for it is acknowledged that more often depends upon the selection of the cases than the operation, it may prove a valuable and tolerably safe remedy. It would seem from such results as we are yet furnished with, that the operation has proved most successful, when applied for the removal of a single loose cyst containing fluid. To such cases it certainly appears most peculiarly adapted, and I cannot help thinking that had its application been hitherto confined to this form of disease, society would have been spared much unavailing and unnecessary torture, while many valuable lives would have been prolonged, comparatively free from pain and suffering. We have, however, no less an authority than Dr. Simpson for supposing the operation of ovariectomy, if applicable at all, to be particularly so in that form of ovarian dropsy,—the multilocular cystic degeneration of the organ. Certainly this form appears least likely to be influenced by medicines; paracentesis is equally unavailing, and if it is to be encountered by this operation, to be effective, it must be with all the evils and hazard attendant upon opening the abdomen to the extent of the tumour, and the consequent exposure of most of the viscera. Is it not probable, too, that this more frequently than the other varieties of the disease, and after happening about the period of the cessation of the menses, is connected with, perhaps dependant upon, a previously cachectic or morbid condition of the system generally, a circumstance which ought always to be taken into consideration before a perilous operation is attempted. In cases where we suspect the uterus to be organically implicated, or when associated with scirrhus, or other malignant growths, or extensive adhesions prevail, it can never be sanctioned as a legitimate operation, or be undertaken with due consideration for the welfare or the life of the patient. We must bear in mind that in many of the above forms and combinations, the disease may remain for a long time latent, or certainly in a harmless or passive condition, while the operation, if attempted, may prove almost immediately fatal, even for a very uncertain chance of being ultimately cured, and the subsequent restrained enjoyment of a

valetudinarian, should she be disappointed in not being restored to health, although the tumour may have been removed, would hardly compensate her for the punishment she had been subjected to, and the great danger she had outlived.

With regard to the length of the incision and the respective merits of what has been denominated the long or short, it seems quite an useless point of contention, as so much depends upon the character and bulk of the product to be removed, and the space requisite for its detachment, differing in each individual case. A small incision, I imagine, should invariably be first made, which if desirable, can be lengthened at each extremity as the occasion demands, but the infliction of unnecessary suffering, by extending it immoderately, cannot be defended, and I think ought always to be condemned, particularly if no adequate advantage is realized for the patient.

Before concluding I ought not to omit alluding to the cases which have at various times been published by Dr. Brown, and which are stated to have been cured by pressure, mercurials, and diuretics, aided in most instances by paracentesis, and have since enjoyed good health; also one more recently by Dr. Hunt, on the same principles; which encourage us to think that such means are more worthy of trial, and far more successful in their application than they have received credit for. It is to be hoped, therefore, and we may reasonably expect, when such means have had a more extended application, that in many cases the more passive treatment may become a most desirable substitute for one much more painful and hazardous, and perhaps not inferior to it in efficiency, while it certainly incurs no immediate danger.

In Dr. Cormack's Journal for February, there is a brief report of a spontaneous cure, not the only recorded instance by many, occurring in a female aged 28, who had for two years laboured under ovarian dropsy. A small inflamed point appeared near the umbilicus; it burst and gave forth, as stated, a torrent of water; the opening afterwards closed, cicatrized, and she was considered cured. At a subsequent period she married and had a child. The tumour, however, returned, pointed at the umbilicus, and this time was opened, the fluid evacuated, the sac contracted, and the cure has continued complete. Cases too are mentioned by M. Camus, in Dr. Ranking's second half-yearly volume, as abridged from the *Parisian Medical Gazette*, which prove the innocuousness of rupture of the cysts into the peritoneal cavity, the conversion of encysted dropsy into true ascites, and the reabsorption of the effused fluid, which renders it not improbable that the subcutaneous incision as has been several times proposed, or, the plan judiciously recommended by Dr. Carson, of Liverpool, the removal of a portion of the cyst, the partial evacuation of its contents, and the closure of the small orifice, as mentioned in a recent number of the *Provincial Journal*, might severally prove of great value, if they can in any cases, by being substituted, supersede ovariectomy and the risks invariably attendant upon it. When the contents of the cyst are of such a nature that their evacuation into the peritoneal cavity would necessarily be attended by fatal peritonitis, the old method of treatment, practised successfully a century ago, alluded to, and advised by Dr. Carson, of removing the contents through a small

incision in the abdomen, and connecting the edges of the aperture of the sac with the opening through the abdominal parietes, and the fistulous cavity thus resulting treated like an abscess, appears worthy of reconsideration and practising at the present juncture, when any remedy so reasonable must prove truly welcome.

Comparisons have been offered of the relative fatality of ovariectomy and the capital operations, which, supposing the statistics upon which the assertions are founded be sufficiently conclusive, are manifestly unjust; since, as has been so frequently urged, in the one case the operation is indispensable to prevent impending, perhaps immediate death; in the other, a mere matter of election for the cure of a disease not necessarily dangerous; with I believe a much less chance of curing, in the proper signification of the term than it has of proving fatal. In the number of the *London and Edinburgh Journal of Medical Science*, for last May, is an able review of this subject, with a list of all the previously published cases, and where is detailed more at length most of the above, and many additional objections. The Editor, in concluding, states "it to be his conscientious conviction that ovariectomy is an unwarrantable operation, and that no modification of it hitherto introduced to the notice of the public is sanctioned by our present knowledge of ovarian pathology, or by the records of the cases which have been published." In the well known critique in the *British and Foreign Medical Review*, for October, 1843, this operation is most severely censured, and unconditionally condemned; and the subtlety of this analysis, one of the earliest and most effective, will not soon be forgotten, while the conclusions it suggested seem likely to continue without being much invalidated.

In offering these cursory remarks, I have intentionally avoided introducing any tables, or selections of cases tending to establish certain conclusions, as I found they so much differed from each other, and thus negatived their common purpose. Of this we may be certain, that while a considerable division of the cases, after running great risk, have perhaps neither been materially benefitted or rendered much worse by the operation, a great number have already proved fatal, and that too, in many instances, within a few days after having been subjected to it. At the same time, I believe an uncertain number have been permanently cured, but as before stated, we have as yet insufficient data for deciding their true proportion.

However interesting or painful this subject may be to contemplate, we are naturally and very properly led to the enquiry:—Has society been really and virtually benefitted by this of late much-vaunted operation? And is the proportion of the recorded successful to the unsuccessful cases after its performance sufficiently encouraging to justify such a frequent repetition of it?

Having related the above case, and having also taken advantage of the opportunity it afforded of attaching a few general observations relative to ovariectomy, my present object is accomplished. Having also expressed my own opinion as adverse to this unightly and hazardous operation, excepting in its most limited sense, as being only justifiable in a very few isolated cases, I shall now feel much gratification in being allowed to offer the above important questions for the disquisition and judgment of this Society.

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

By GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of
Ireland.

(Continued from page 145.)

This febrile epidemic appeared amongst a class so usually exempt from fever, that it excited no little surprise and alarm in a grade of society which as far as this town is concerned, had been in the habit of congratulating themselves upon their own immunity from the pestilential visitant of the humbler walks of life. Though such privilege is not the case so remarkably in large and older cities, yet that it was enjoyed for many years by this class in Liverpool, the following quotation from the honoured pen of Dr. Currie will serve to prove:—"In Liverpool it has been supposed that this disease (typhus), is seldom to be met with, and it is certainly true, that the upper classes of the inhabitants are not often subject to its ravages. It has never, in the last sixteen years, spread among the higher classes so as to occasion any general alarm." (*Medical Reports*, p. 221, second edition, 1798.) Dr. Currie wrote his celebrated work in 1797, and if we deduct sixteen years from this date, we find that since 1781, when Liverpool had not a population probably of fifty thousand, (in 1790 it was nearly fifty-six thousand,) typhus fever was not common among the wealthier classes; so it has continued I believe ever since, until the present date of 1844, giving them exemption for a period of upwards of sixty years. No wonder then that considerable apprehension must have been felt by them at its return after more than half a century, supposing that previous to 1780 it had shewed itself.

From Dr. Currie's tables it appears, that the spring months were in 1795 the most remarkable for fever, amounting to 15,235 recorded cases, whilst in the following year of 1796, "the mildest experienced in our climate for a long series of years," the number fell below the septennial average by 354, and below the severe 1795, by 2234. Of these months March had the most cases, (2003,) it was a month in which the weather became warmer, uncertain, and stormy, following three months of intense cold. Dr. Currie remarks, "Hence it appears, that though intense cold is directly unfavourable to the health of our poor, yet that it is in the transition from this intense cold to warmer weather, that their constitutions sustain the severest shock; a position that is still more fully supported by the decisive evidence that the month of March is the most unhealthy of the year, and next to it April, taking the average of seventeen years together." Of the seventeen years, the mean monthly average was 1045 cases; the average of March 1204.

But our epidemic differed from this, in a very remarkable point; it chiefly shewed itself during the closing months of the year, and declined rapidly in the spring months, so as to have spent itself by the hitherto formidable month of March.

In this place another question suggests itself:—Was this epidemic ever experienced before in this town, or was it, like the fashionable influenza, of modern importation? We cannot accurately determine this point at present, but I find that there is ground to

believe that the type of this epidemic nervous fever did present itself in Dr. Currie's time, and to his own observation, though not exhibiting close resemblance in all particulars. At page 44, chap. viii., of his works, is the description of a variety of fever, which, in his opinion, was neither typhus nor synochus, it did not seem to originate or to propagate itself by contagion, it "occurred chiefly in the winter season, in persons in the flower or vigour of life, possessed of considerable sensibility of mind, and in the habits of more than ordinary mental exertion." After a description of its mode of invasion, sometimes with indistinct catarrhal symptoms, followed by chills and reaction, he continues, by enumerating intense headache, præcordial oppression, &c., and pulse not remarkable as to frequency or strength, sleep not particularly disturbed, and progress like catarrhal fever; then garrulity, quickened apprehension, attention soon fatigued; heat rising to 107° or 108° Fahrenheit about the eighth day; delirium and incessant talking; senses acute, and skin very sensitive of chills; often calm, followed by occasional "indistinct conceptions," which rise and vanish in the mind, and the impressions of sense are confounded with the ideas of the imagination; respiration afterwards hurried, pulse more frequent and feeble, followed by partial or general perspirations, not critical; death occurring about the twelfth or thirteenth day, in spite of judicious stimulating, and rapid putrefaction after, (this in winter.) Dr. Currie says, he saw this kind of fever treated by venesection and antimonials at first, followed up by bark and cordials, without success. "I have also seen it treated from the first on the same plan as typhus, but with an equally unfortunate issue;" and what is singular, his cold affusion plan was, in this kind, inefficacious, the only striking exception to a general rule. He contrasts the symptoms with those of true typhus, the acuteness and obtuseness of the senses in the two forms of fever prominently differing. I consider, therefore, that the apostle of cold affusion has seen the same essential features with our present, or rather late epidemic; for it is now happily a matter of history, and since his own acute judgment could not discover any specific line of treatment to recommend, I need not feel disappointed in not being able to record any very greatly improved practice or method of cure.

A pamphlet from the high authority of Professor Alison, of the Edinburgh University, entitled 'Observations on the Epidemic Fever of 1843, in Scotland, and its Connection with the Destitute Condition of the Poor,' argues from statistics, that the origin of the Scottish epidemic is traceable, as the title of the article implies, to the destitution of the poor. The following passage expresses the conviction made upon the respected author, by his statistical enquiry into the subject:—"I hold it, therefore, to be fully ascertained, that at this moment the unemployed and destitute poor, although they must be only a very small minority, probably hardly one in twenty of the population of Edinburgh and its neighbourhood, furnish a large majority, usually from three-fifths to two-thirds, of the fever patients; many of whom ascribe, I believe with perfect truth, their liability to the disease, to the privations which they have endured. I am certain also, that a very large proportion of those in regular employment, or in better circumstances, who have taken the disease, have been obviously infected

by intercourse with the destitute." (p. 9.) The Professor also quotes from a document signed by all the physicians in attendance at the Infirmary, written 26th August, 1843. "On whatever element of destitution its diffusion more particularly depends, the fever which now prevails is unquestionably connected very closely with circumstances peculiar to the destitute part of the population. In proof of this, the undersigned have simply to state, that while the disease abounds among the inmates of low lodging houses, and in districts inhabited by the poorest of the people, it is comparatively little known where the more comfortable of the labouring classes chiefly reside, and has not been seen by many of the medical practitioners of the city, whose practice lies chiefly among the better classes." (*Ibid.*)

The same kind of evidence is brought forward in reference to the city of Glasgow, and also to the towns of Greenock and Ayr. This origin, as far as regards these places, is striking, and viewed in such light, so far as Scotland is concerned, surely demands the earnest attention of the Government and Municipal authorities. But I have quoted these opinions, because they can, if correct, hardly be supposed to have any other than a general bearing on our question of origin here. If true of Scotland, the cause is more than likely to prove a general one; and if one cause can be made out as fully adequate to produce such a widely prevalent disorder, it would be, as a general proposition, unphilosophical to ascribe the epidemic to other additional causes. It certainly does not follow that a general cause should be an universal one, but it must be granted, that that which is found out to be general in some places, ought to be very largely taken into consideration, when studying the same question in other places, not vastly dissimilar in circumstances and geographical position.* Admitting this reasoning, I feel bound, nevertheless, to remark, that the mass of facts before me, and I may add, the general conviction of my respected brother practitioners here, tend to a very different conclusion. The "destitute and unemployed," did not appear to be the originators or the focus of our epidemic—in fact, our experience, as I have elsewhere stated, ran in quite an opposite direction. It might be thought that the Scotch epidemic was not of the same kind with ours, yet any one who will take the trouble to compare the description of it by the able pen of Dr. Craigie, to which I shall briefly refer directly, will find that they were indubitably and essentially the same. They correspond in the fact that both attacked, to an unusual extent, the upper classes, but in this sea-port the fever did not begin amongst the destitute and unemployed as in Scotland, at least as far as present data carry us. There is no other course logically left to us, but to conclude either that, the Liverpool fever must be ascribed to another cause, or that double causes being possibly in operation, in one locality one cause presented itself primarily, whilst in another locality a secondary causation was most prominent, and which might mask that cause which was primary elsewhere. To this mode of

* Geologically speaking, Edinburgh is built upon volcanic rock and old red sands: one, whilst Liverpool is lying upon the new red sandstone, which here never will admit of complete drainage, owing to the claybeds and the easterly dip of the strata.

accounting for discrepancies in statistical observations, I feel reduced in my own less experienced judgment, by the evidence I have to deal with. Further researches may reconcile these discrepancies, and with this hope I must be content to leave the subject, the importance of whose bearing on the welfare of society, will attract for years to come, the attention of abler observers and reasoners than myself.

Every thing from the pen of Dr. Alison is entitled to the greatest respect, especially from those who, like myself, have had the advantages of his instruction, yet I confess I cannot reach all his conclusions from the perusal of his pamphlet. My want of better acquaintance with the sanitary and political conditions of the inhabitants of Edinburgh, and other Scotch towns, may be another reason for my hesitating to admit Dr. Alison's conclusions, and will, I hope, acquit me from the charge, at least, of presumption in judging. The general question of the cause and extent of the destitution of the poorer classes of Scotland, as a branch of the subject of political economy, is now, as it ought to be, taken up by the medical profession first, and thereby data are furnished, whereupon it is to be hoped the statesman will enact wiser and better laws for the relief of those poor who are "never to cease out of the land."*

I have now briefly to refer to a 'Notice of a Febrile Disorder, which has prevailed at Edinburgh, during the summer of 1843,' by Dr. Craigie, published in the *Edinburgh Medical and Surgical Journal*, (vol. ix., p. 410.) This fever was considered by Dr. Craigie to be "different from typhus and synochus," in the character and progress of the symptoms, and in its tendency to relapse, in the absence of the red spots of typhus, in the less violent disorder of the brain, &c., and in diminished rate of mortality.

The pulse generally rose but little till the third or fourth day; skin at first hot and dry, then moist, without being critical; tongue covered with a whitish moist fur, becoming brownish and drier; delirium scarce; restless and sleepless for days; tenderness of epigastrium very general, or other abdominal region complained of; purple spots noted in some cases, but only in first attacks; pains throughout the body common, may be said to have presented a rheumatic character.

About the sixth day resolution of the symptoms spontaneously, attended with relapse in from three to five days, in more than sixty per cent. of the cases. In about four or five days more, convalescence established generally. Third relapse very rare; about one per cent.;

* I subjoin a paragraph from the pamphlet before quoted, which will inform those readers who are unacquainted with the Scotch system, of the very limited aid the poor of that part of the kingdom receive. "In the present system of the management of the poor, therefore, it is practically found in this, as in other parts of Scotland, that the greatest extent of suffering, the widest diffusion of disease, the heaviest burden on the charitable, result from the condition of that great class of the poor, for whom the existing laws make no provision whatever." p. 23. The destitution of the poor in Scotland may render them peculiarly obnoxious to the attacks of the fever, whether arising from malaria, changes of weather, or any other cause, by debilitating them so far, that they are unable to resist infection which more vigour would withstand. Such a general case might be considered a cause proved until the true elements of an universal cause were vigorously demonstrated.

more frequent in Glasgow than Edinburgh. Skin tinged yellow in a very few cases; disease fatal in four out of the five cases observed. *Post-mortem* appearances:—White textures of the body tinged yellow; gall-bladder contained bile of a yellow colour; ducts pervious; liver unchanged. Pathological cause not cognizable, except it be non-elimination of bile from incapacity of the liver. This form of fever first appeared in March, and continued until September of the same year. The symptoms at first presented a catarrhal character; but the non-restriction of the disease to the respiratory organs, and its duration being through a period so much longer, (epidemic catarrh only lasting about two months,) showed its different form.* The complications were gastric, gastro-hepatic, gastro-enteric, and rheumatic. Black vomit was noticed only in two or three cases; common vomiting not so frequent as in "yellow fever." The mildness of attack distinguished it from West-Indian fever. A remittent form was clearly recognised in several cases; if this character turn out to be uniform, "it might be regarded as a gastric fever with remittent type." Seventeen out of three hundred and fifteen cases treated in Dr. Craigie's own wards, proved fatal; out of three hundred and sixty-four cases, eighteen were typhus.

Cause.—Possibly atmospheric changes, confined to certain localities, whether densely populated or otherwise, "the most densely inhabited in Edinburgh," which, as Dr. Craigie justly observes, "yet must be allowed to be very favourable for the origin and propagation of a disease depending on atmospheric causes," and he concludes the paragraph by saying, "on the other hand, a number of cases have been sent from Musselburgh, Tranent, Penicuik, Haddington, Dunbar, and similar situations, where the population is not dense, and where ventilation is excellent." Contagion was not made out; but it generally took families, first one member, then others. In Glasgow nurses suffered; in Dundee and Glasgow there was a similar epidemic, with the same tendency to relapse; yellowness of skin in some cases, and deaths frequent out of these.

Treatment.—The treatment was commenced by clearing out the bowels, and the expectant method, as diaphoretics, (mild salines,) with no great evidence of their utility; toast water seemed as favourable to critical perspirations. In a few cases leeches to the temples were required; wine and quinine were given, as indicated, either for debility or rheumatic pain. In the yellow cases, calomel with opium, rhubarb, aloes, or castor oil, were used.

In this succinct account I cannot help expressing my regret that the changes of the urine have not apparently had the attention which Dr. Schönlein bestowed on them at Berlin.

* Catarrh is frequent and epidemic in April and May, both in Leith and Edinburgh.

(To be continued.)

CASE OF PLACENTA PRÆVIA; EXTRACTION OF THE PLACENTA BEFORE THE CHILD.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following case may be interesting to the younger members of our profession, and as it has been satisfactory to me, after reflecting on discussions lately arising on the management of "placenta prævia," you will, if you think it worthy, give it room in your Journal when convenient.

On Tuesday last, the 24th of the month, I was called to Susanna Newton, aged 25, pregnant for the fourth time. At ten a.m. I found the patient had been alarmed by a copious *show* without labour-pains. I directed her to bed, and on examination found the vagina and uterus little prepared for labour. She was kept quiet and cool, and I heard no more of her till three a.m. of the following day, when I went to her in haste. A profuse flooding had occurred, with slight pains; I introduced my hand slowly, and with some difficulty, into the vagina, and found the os uteri dilated to the size of a crown-piece, and a portion of the placenta lower than the head of the child. I deliberated, without suffering my hand to retreat, on what plan I should proceed. The os was thick, and not dilatable, offering great difficulty to passing the hand and reaching the feet of the child. I had almost determined to administer a full opiate, and wait till there would be safety in the older practice, when, on a sudden, a frightful gush of blood produced syncope, and spreading my fingers open between the walls of the uterus and placenta, I detached the latter with a sweeping motion of the hand, when a strong pain almost instantly expelled it and my hand into the vagina. The hæmorrhage from this moment ceased, and in an hour moderately energetic pains expelled a seven months' dead child.

It was gratifying to me, that without tedium and exhaustion to the poor woman, the case was so quickly ended, and I do not remember a single instance in my own practice where I was so fortunate as to preserve the life of the child in such like cases. A brother of mine, now deceased, going to the assistance of a female midwife, found the placenta in the bed, and the woman recovering from her danger. This was to him, at his time of day, inexplicable, and has often been related to men of experience, exciting only their incredulity. I need hardly add, that but for the interest lately evinced by some of the contributors of papers for your Journal, on the subject of unavoidable hæmorrhage, I dared not have adopted the foregoing practice.

I am, Sir,

Your obedient servant,

T. GARNEYS WALES.

Downham, Norfolk, March 27, 1846.

CUMBERLAND INFIRMARY, CARLISLE.

TWO CASES OF HEMERALOPIA, OCCURRING IN COTTON-SPINNERS.

Communicated by W.B. PAGE, Surgeon to the Infirmary.

John M., aged 15, a "piecer," in a cotton factory, was admitted into the Cumberland Infirmary, August 31st, with hemeralopia, or night-blindness. His occupation consists in constantly carefully watching an

extended surface of white cotton threads passing before him, in order that he may join those which become broken in this part of the process of cotton-spinning.

He states that about five months since, he first observed, that "when he went out of a night it looked cloudy," and this cloudiness gradually increased in density until a short time before his admission, when he had become quite unable to see anything after the commencement of the evening. During the whole of the day he was able to see perfectly well, but so soon as it began to get dusk, his power of vision was altogether lost; but on a bright light being brought near his eyes, he was able to distinguish objects tolerably clearly. His general health seemed to be unaffected, and his eyes presented no appearance of any organic lesion.

Five grains of blue pill were ordered to be given every night, and half a drachm of sesqui-oxide of iron three times a day.

Another patient in the same ward was desired to notice at what time of each evening his blindness commenced, and at the end of the first week his report was, that he had gained about half an hour at night, and that he could see earlier in the morning than before.

On the 14th of September, the end of the second week, but little further improvement was observable, he was able at night to see objects with a less amount of light than at his admission, but he still became quite blind, when the candle was removed to another part of the ward.

He was ordered to continue the carbonate of iron, and to take a five-grain blue pill night and morning.

18th. A very marked improvement had taken place, a small amount of light being sufficient to enable him to see with tolerable clearness.

21st. The gums were slightly affected with the mercury. He was able last night to see during the dusk as well as any other person; he was therefore ordered to discontinue all medicine.

28th. During the last week he has continued to see perfectly, and was therefore discharged this day.

CASE II.

William M., aged 14, a "piecer" in a cotton factory, was admitted into the Cumberland Infirmary, November 2nd, with hemeralopia. His history and symptoms were precisely similar to those of the former case; the same treatment was adopted, and with a like result, the amendment being very decided from the time the system became under the influence of the mercury. He was discharged cured November 30th.

This disease, though frequent among sailors, and others exposed to the glare of the sun in tropical and arctic regions, is but rarely met with arising in this country; and although these two cases occurred within so short an interval, I have neither met with, nor heard of, any similar case among the vast number of persons employed in a like occupation in this neighbourhood. The amaurotic condition in these cases undoubtedly resulted from the continued excitement of the organ of vision, from the minute inspection of the cotton threads in constant motion, and the undue stimulus to which it was exposed from the whiteness of the surface, and appeared to be altogether independent of any functional derangement of the digestive

or other organs. Arising, as it did, in youths employed for many hours daily in a heated factory, with the constitutional powers rather below than above par, it was deemed advisable to support the general tone of the system, and at the same time to administer mercury in moderate and repeated doses, with a view of relieving that morbid condition of the retina which had rendered it insensible to its appropriate stimulus. Had these means failed, it was resolved to employ counter-irritation, and to abstract blood locally, so as to lessen that congestive or inflammatory condition of the internal tunics of the eye, which might exist, without diminishing the powers of the patient. These measures, however, were not found to be necessary, the disease yielding without interruption to the internal remedies employed; the efficacy of the mercury in both cases being most decided.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 8, 1846.

He who succeeds in organizing the medical profession on a wide and enduring basis, will rank with the wisest legislators and greatest benefactors of mankind. Such is the conclusion at which the writer of an able article in the last number of the *Westminster Review* has arrived in the course of an extended examination of various essays, reports, bills, and enactments, relating to medical police and the constitution of the medical profession. We have no intention of following the author in the course which he has taken, though some points on which he has touched will probably form the subject of remark on some future occasion. It is sufficient for our present purpose to show that the conclusion is a correct one, and that, consequently, when the present Home Secretary, discouraged by difficulties—many of which it should be observed, were of his own making, and the result of an imperfect and partial acquaintance with the subject, shrank from the responsibility—he relinquished an opportunity of working out a great benefit to the community, and establishing for himself a lasting claim upon public gratitude.

We hear much in these days of divers interests—the agricultural—the manufacturing—the mercantile, and others of less extent and importance,—of various means for the advancement or protection of these several interests;—of rights vested in one or other of them, and of rights inherent in opposing parties. All and each of these interests are made the subject of discussion, of keen contest, and, as being of national importance, of legislation; and correctly so, for where the interests of large numbers of the subjects of a state are concerned, it is manifestly the duty of a wise government to foster and protect them, and where they are opposed to each other, so to regulate them upon principles

of justice and equity, as shall conduce to the general benefit.

But what among these interests can compare, either in importance or extent, with the general and individual interest which every man has in the preservation of health and life. One man's estate may be in land, the property of another in the funds, of a third in a cotton mill, of a fourth on the wide ocean, of others in their labours, manual or intellectual; but each and all of these modes of obtaining individual subsistence, and contributing to the social welfare of the whole, are, and must be, subordinate, both individually and generally, to the possession of health. He whose property is vested in his own labour, who depends for his daily support on the work of his hands, or the workings of his brain, if health fail, must either starve or become dependent on public or private support; he whose estate has been acquired for him by the labour, manual or intellectual, of others, is still dependent for subsistence on the health of those who make it productive, and yet further, for the enjoyment of it, on the same invaluable possession in his own person. It needs no laboured argument then, to shew, that that all such measures as relate to the improvement and efficiency of medical education, of medical police, and of the sanitary condition of the people generally, are peculiarly deserving of the attention of the Government and the Legislature.

The importance of due attention to the health of the military and naval services is admitted; and yet how often are the undertakings in which these services are engaged paralyzed by camp fevers, dysenteries, and other forms of disease. A better system, it is true, is now pursued, both in the army and navy; far more attention is paid to the sanitary condition of the soldiers and sailors; military and naval hospitals are under more efficient regulations, and the whole medical force of these departments is placed on a better footing. Yet even here, and especially on foreign service, there remains much to be desired. For examples, we need only allude to the failure of the African expeditions, and to the state of the African settlements, to shew that existing means are yet insufficient to contend with the force of disease.

In the late war in China, the 98th regiment entered the Yang-tse-Kiang river upwards of eight hundred strong. In little more than three months this corps was rendered almost entirely ineffective from sickness alone; one hundred and seventy-five died, no fatal casualty from battle having occurred, and only seventy were at that time left capable of performing the lightest duty. Dr. Wilson, who makes this statement, is disposed to attribute this heavy loss to over-crowding the vessel in which the regiment was sent out, and sending the men, immediately

on their arrival, to so unhealthy a locality. It is not intended, however, to complain of any defect which there may or may not have been in the arrangements, but to show the importance which measures for the maintenance of health must ever possess, both in a financial and political point of view.

The same argument holds good in civil as well as in military operation. Nothing tends more to increase the charges incurred for the maintenance of the poor, than sickness among the labouring class of the population; and without taking into consideration the individual suffering, or the financial loss to the community arising from the inefficiency of large bodies of operatives, or whatever class, any undue economy which shall impair the arrangements, either for the prevention of sickness, or the relief and cure of it when it occurs, must recoil on the rate-payers, for whose advantage it is professedly exercised.

We are unable further to follow out the subject, but these general considerations are amply sufficient to point to the importance of so regulating and constituting the medical profession, by the members of which the measures necessary to improve the public health can alone be properly administered, as shall render it in the highest degree efficient for the requirements of the community.

Susrutas. Ayurvedas. Id est Medicinæ Systema a venerabili D'hanvantare demonstratum a Susruta Discipulo compositum. Nunc primum ex Sanskrita in Latinum Sermone vertit, Introductionem, Annotationes, et Rerum Indicem adjecit Dr. Franciscus Hessler. Erlangæ, apud Ferdinandum Euke, 1844. Large 8vo. pp. 206.

Though this work was published in 1844, it was but a few weeks ago that it came to our hands. We were, in truth, right glad to see it, for before that time it had been to us a book, of which we could only say, (like the Arabians of the Phoenix,) that to us "its name was known, but its form was unknown." We had seen the Sanscrit text, indeed, but this was to us a sealed book, so that our whole knowledge of it was derived from Dr. Royle's "Essay on the Antiquity of Hindoo Medicine;" but the extracts there given were quite sufficient to make us anxious to get a sight of the complete work.

We have here the first volume translated from the Sanscrit into Latin. Of its merits in a philological point of view we are unable to speak, but we have been informed that it is the work of a *physician* rather than a *scholar*. If this be the case, our readers at least will more easily pardon philological than medical deficiencies, and will join with us in giving hearty thanks to the translator for undertaking a task, which would probably possess but little attraction for any one but a

physician. The only remark which we shall venture to make on the execution of the work is, that at present it is not rendered quite so intelligible to the *unlearned* as it might have been, and that those persons who (like ourselves,) are totally ignorant of the Sanscrit language, and but slightly acquainted with Hindoo antiquities, will look forward with some degree of eagerness for the promised notes and elucidations.

It is not our intention to give anything like an analysis of the contents of this very curious and interesting book, but merely to recommend it to the attention of the medical public in this country, in the hope that some of our more profound and learned contemporaries may be induced to examine it more fully than we have leisure and space to do. We will merely remark, that, whereas all the foundations of medical science, as it exists at present in Europe, have been derived either mediately or immediately from the Greeks, this work opens to us an entirely new stock of knowledge, which bears on the face of it the plainest marks of its separate and independent origin; and in one or two instances contains allusions more or less distinct to diseases and facts which are generally acknowledged to have been quite unknown in Europe at the time when this book was written. In proof of this assertion we need only refer to the mention made of syphilis, (p. 195,) and the presence of sugar in diabetic urine (p. 184.)

The work consists of six books or divisions, of which the present volume contains the first two, entitled "Principiorum Medicorum Doctrina," and "Pathologia." The three next treat of Anatomy, Therapeutics, and Antidotes; and the last will consist of miscellaneous observations.

Besides raising our opinion of the science of the Hindoos, another effect which the sight of this book has had upon us, has been to increase our desire that some one might be found to translate one or two of the other Sanscrit Medical works that exist in MS. in the Library at the East India House and elsewhere. But of this there seems to be but little chance at present; for Professor Dietz, of Königsberg, who was both able and willing to have undertaken the work, is dead; Dr. Hessler has access probably to no medical Sanscrit MSS. of importance; and our greatest Sanscrit scholar (though originally a member of our own profession,) has long since deserted medical science for the more congenial and lucrative pursuits of literature.

SURGICAL SOCIETY OF IRELAND,

March 21st, 1846.

R. CARMICHAEL, Esq., the President, in the Chair.

ANOMALOUS CASES OF DISEASE.

The following important communication was made by Dr. Darby, respecting some cases of disease which have lately come under his observation:—

Dr. Darby said, I wish to bring under the notice of the Society some cases of disease that have recently

occurred in the Rathdown Union Workhouse, which, from their violence and peculiarity, induce me to hope they will not prove uninteresting at a time like the present, when there is reason to apprehend that this country is threatened with a heavy visitation from disease.

CASE I.—A sickly boy, aged 14, was discovered in the dormitory on the morning of the 23rd of January last, in an almost insensible state, his person and bed affording abundant evidence of his having discharged a quantity of liquid from both his stomach and bowels. When I visited him soon afterwards, his aspect was that of a person in the collapse stage of cholera; his face pale and sunk; surface cold and clammy; eyes glassy; pupils dilated; his voice when he cried out, (for he did not speak,) husky and peculiar; pulse a mere thread, about 90 in a minute; muscles of the abdomen and extremities frequently thrown into spasm and convulsions, rendering it necessary to have him held down in bed; frequent vomiting of a colourless glairy fluid; had two or three liquid stools, devoid of bile, since he came to hospital; could not be roused. He was immediately placed in a hot bath; sinapisms, blisters, and other measures, were adopted without success. He lingered for sixty or sixty-five hours, apparently in great pain, and died without having either spoken or swallowed from the time I saw him. The body was removed without being examined.

CASE II.—February 3rd. A healthy boy, aged 10, while at breakfast, first complained of being ill. I saw him within an hour; he appeared like one recovering from a fit of epilepsy; face flushed; skin warm; pulse 100; pupils dilated; required to be roused before he would answer questions; complained of severe pain in, and cried out when pressure was made over, the abdomen; vomited a viscid green fluid; said he had neither passed urine nor feces from the morning before; belly tumid. Ordered his head to be shaved and leeches extensively; ten grains of calomel and three of Dover's powder immediately, and subsequently blisters and sinapisms, with one grain of calomel and half a grain of Dover's powder every hour. Next day he was comatose, and could not swallow; he remained in this state until the 7th, when he was observed to be covered with profuse sweat; is reported to have spoken; took some wine, and died in an hour afterwards.

Post-mortem sixteen hours after death.—Patches of lymph on the surface of the arachnoid membrane, covering the convolutions of the brain; about two ounces of serum containing shreds of lymph in the ventricles; pons and medulla oblongata coated with yellow lymph; brain firm; abdominal and thoracic viscera healthy; the former rather congested.

CASE III.—On the same day, (February 3rd,) a delicate boy, aged 11, was attacked in a similar manner, but less violently; exhibited symptoms of fever on the third day. I sent him to a fever hospital, and was surprised to learn that he died soon after he had arrived there.

February 5th. Three healthy boys, aged 8, 9, and 10, respectively, were attacked with headache, sickness, and pain in the stomach; they had each a dose of calomel and a warm bath. Two were discharged cured on the third day; the third is now recovering from a tedious fever in which the head symptoms were severe.

From the 5th of February to the 15th of March, no case, similar to those described, occurred; but upon that day a healthy boy, aged 11, was attacked with headache, pain in the stomach, vomiting, and purging; he became comatose in a short time. The urgent symptoms gave way to active depletion and large doses of calomel, and he is now in fever, with head and gastric symptoms.

On the 17th, a boy, aged 5, was similarly attacked, and notwithstanding active treatment, died, fearfully convulsed, within forty-eight hours from the onset of the attack.

Post-mortem examination.—The arachnoid membrane exhibited patches of adherent lymph. The veins lying between the convolutions of the brain were literally imbedded in lymph; substance of brain firm; no fluid in the ventricles, but at the base about two ounces of sero-purulent matter; the medulla, pons, and inferior surface of the cerebellum were thickly coated with yellow lymph. The abdominal viscera congested.

On the 18th, a boy, aged 12, was attacked in a similar manner, but much more violently. He was incapable of answering or attending to what was said to him in an hour after he first complained; was grinding his teeth; had his head drawn forcibly backwards, and was plunging so as to require two men to hold him in bed. I bled him to twenty-four ounces, when he appeared faint; gave a large dose of calomel. In less than an hour after the blood was drawn, he again became violent; the bandage slipped from his arm, and I allowed eight or nine ounces more blood to flow, which had the effect of subduing his violence. Subsequently leeches and blisters were applied to his head and nape, one-grain doses of calomel given for some hours, mercurial frictions employed, but he now lies in a state of coma, and I have no hope of saving his life.

On the same day, a boy, aged 12, who had been on messages, had eaten his dinner as well as usual, complained when going to bed, and was comatose in less than an hour. I took twenty-four ounces of blood from him; consciousness returned; he complained of pain in his head and belly; got a large dose of calomel, and I had the satisfaction to find him free from all unpleasant symptoms this morning.

Three other boys have complained this day, but when I left the workhouse at half-past five o'clock this afternoon, they did not exhibit any urgent symptoms.

It appears strange that disease should fix on a particular class in the house to the exemption of the rest, and not depend on some special cause, and yet I have closely investigated all circumstances, such as ventilation, cleanliness, bedding, &c., without being able to discover any. The food is the same used by others in the house, is sufficient, and of excellent quality. The potatoes appear to me to be better than the labouring poor outside can now procure in the market, and care is taken to prevent any which may be diseased being used as food. The moment a boy complains he is sent to hospital, completely separated from the school and dormitories, and in the hospital they have been placed in beds next to men or boys who have not in any instance showed symptoms of the disease. I am of opinion that it is not contagious, but from the experience I have had, I am apprehensive that these cases indicate the accession of an epidemic corresponding in

type, but which will probably become less virulent as it becomes more general. This I observed to be the case when epidemics of scarlatina, measles, and ophthalmia prevailed, and it is worthy of remark that those diseases were at first confined to some one class in the house.

In reply to a question put by the President, Dr. Darby said, that the potatoes used in the institution were of an excellent kind, much better than can be had by persons in the higher ranks of life.

The President said the reason he made the enquiry was, that on a late occasion it happened—as he supposed Dr. Darby was aware—that an entire family, a father, two sons, and a daughter, aged about 20, were brought to the Whitworth Hospital labouring under a most extraordinary affection resulting from their having eaten of diseased potatoes; the symptoms showed themselves after they had eaten three hearty meals of those vegetables. A very remarkable feature in those cases was the perfectly inert condition of the intestinal canal; a complete paralysis in fact, both of the rectal and vesical sphincters, existed, and it was chiefly by mechanical means that masses of the diseased potatoes were removed from the rectum. A great similarity existed (the President thought,) between the affection described by Dr. Darby and that under which this family laboured, for along with the intestinal paralysis, to which he had just alluded, the head was also very much engaged. The discharges from the bowels, too, were of so acrid a character, that the parts around the anus, everywhere, in fact, that they happened to come in contact with, were excoriated or ulcerated.

Dr. H. KENNEDY could not help observing, he said, (though the time of breaking up had so nearly arrived,) that the paper just read by Dr. Darby must be looked on as an extremely valuable one. Within the last year, he might observe, two cases almost precisely similar had come under his notice—one of these had been under the care of Mr. Smyly, and recovered; the symptoms were so exceedingly like those detailed by Dr. Darby, that it might, in fact, be said the cases were precisely identical. There was the same rigidity and throwing back of the head, and in two or three days violent purging and vomiting of a greenish matter supervened, larger in quantity than he had ever seen. At the autopsy there were evidences of inflammation about the pons, and extending down the spinal canal.

Fever, the occurrence of which, as an epidemic, has been apprehended, and to meet which the Irish Fever Act has just been passed, would not seem, as we learn from the Dublin Medical Press, from which the foregoing account has been taken, to be at this time peculiarly prevalent.

CHARGE OF MANSLAUGHTER AGAINST A MEDICAL PRACTITIONER.

At the Stafford Assizes, March 23rd, Mr. Dickenson, a medical practitioner of many years' experience and extensive practice, residing at Bilston, was indicted for the manslaughter of a Mrs. Hickman, the wife of a respectable farmer, whose death, it was alleged, he had occasioned by want of due skill and care at the time of her confinement.

The case was tried before Mr. Baron Platt.

From the evidence it appeared that the deceased, a young woman in the prime of life, was unexpectedly

seized with labour pains; Mrs. Bakers, a midwife, was sent for, who assisted at the birth of the child, which almost immediately took place; a considerable flow of blood from the uterus followed, and in order to stop the discharge, cold wet cloths were applied to the abdomen of the patient. Mr. Dickenson, who resided about a mile and a half from the spot, was sent for, and arrived without delay. Upon his entering the room the quantity of blood which the poor woman had lost was pointed out to him, and he proceeded to ascertain the position of the placenta, which had not yet come away. Mr. Dickenson succeeded in withdrawing from the vagina a good deal of coagulated blood, together with which he maintained that the greater part, if not all of the placenta, had come away. Mr. Best, another medical man, who had also been sent for, on being shown the vessel containing the discharge, said to Mr. Dickenson, "You do not call that the after-birth, do you?" Mr. Dickenson replied, "Yes, it is." Mr. Best rejoined, "Now I will show you the after-birth," and almost immediately brought into view a sanguineous mass, observing, "There is the after-birth." At the same moment Mrs. Hickman, who had been for some time previously in a sinking state, her forehead covered with cold perspiration, and her pulse indicating great debility, uttered a loud shriek, as if the operation she had undergone had occasioned considerable pain. In a little more than an hour after this she expired.

Mr. Best underwent a severe cross-examination by Mr. Sergeant Allen.—He stated that he had practised at Bilston for thirty years as a surgeon and accoucheur. He was not a member of the Royal College of Surgeons. The prisoner had been in practice upwards of twenty years, and his father and two brothers were also in the medical profession.

In order, however, to prove that Mr. Dickenson, had pursued a course of treatment towards the deceased which was not only warranted, but directed by some of the highest authorities, the learned Sergeant quoted the following passage from Dr. Denman's work:—"If there have been a hæmorrhage so profuse as to occasion danger, and the common consequences of loss of blood, as fainting and the like, have already followed, the placenta ought not then to be extracted, nor the patient disturbed; nor should any change be made until she be somewhat revived from her extreme debility, as the danger would thereby be increased, and the patient die during, or immediately after, the operation, as I have seen and known several times."

Mr. Baron Platt, after referring to a number of medical works which had been handed to him, observed that it was perfectly clear that the mode of treatment, under circumstances such as those described, was a *vera questio*, and addressing himself to the counsel for the prosecution, intimated that it was not at all a case for the foundation of criminal proceedings.

After some conversation it was agreed that the charge should not be pressed further, and the learned Judge addressing the jury, said,—“The present case is a serious one, as regards both the public and the prisoner. I wish it to be clearly understood, that if a man grossly ignorant of his profession treat a patient, and if during that treatment he be guilty of negligence or of a want of due caution, and if the patient in consequence die, then such a man is undoubtedly guilty of manslaughter; and, moreover, if the practitioner be perfectly competent

in every way for the duty he undertakes, and yet so treats a patient that death ensues, he is equally guilty. But if in a particular case there be two modes of treatment, respecting the adoption of either of which men of learning and ability are equally divided, then no man can be said to be 'grossly ignorant' in adopting a course which has received the approbation of eminent writers, and which his own judgment sanctions and approves. We should none of us, gentlemen, if that were the case, have the benefit, in a variety of emergencies, of the services of that profession to which we are often so greatly indebted; and the promulgation of the doctrine that medical men are criminally responsible for following the dictates of their matured judgment, might have the effect of preventing surgeons and others from acting with that confidence and boldness under peculiar circumstances, to which the preservation of life and limb is often due. There are numerous cases in which the judgment of medical men must be relied upon; and if the works of the most able authorities—of those whom I may justly term the sages of the profession, are not to be relied upon, I know not what guidance would be left for the direction of medical practitioners at large. It would indeed, be a monstrous thing to say that the conduct of the gentleman now under deliberation evinced either gross ignorance or gross negligence. I can, in fact, hardly leave it to your consideration. It is, indeed, possible that the manipulation of the witness now in the box, (Mr. Best,) may have caused the death of the poor woman. We should, therefore, take the greatest care that we are in the right before we convict a gentleman in Mr. Dickenson's position of such an offence as manslaughter, and brand him with an imputation which may not only injure, but ruin his character and his prospects."

The jury almost instantly returned a verdict of *Acquittal*, and Mr. Dickenson left the court amid the congratulations of his friends.

Selections, &c.

OPIMUM IN THE DISEASES OF CHILDREN.

In the *Journal für Kinderkrankheiten*, the following cases, shewing the danger of the exhibition of opium to infants, are related by Dr. Sobotka, of Vienna.

CASE I.—On the 31st of August, 1843, the author was called to see a child seven months old, to whom a mixture composed of four ounces of decoction of saleg, three minims of tincture of opium, and half an ounce of syrup of poppies, had been given for diarrhoea. The infant had scarcely swallowed a few spoonfuls when he fell into a state of sopor, and died on the following morning.

CASE II.—To another child affected with muguet, a mixture had been prescribed consisting of two drops of tincture of opium, half an ounce of syrup of poppies, and three ounces of decoction of mallow. The child, after having taken about half the medicine, in doses of a tea-spoonful, at first every two hours and subsequently every hour, presented all the symptoms of narcotism, especially paralysis of the intestinal canal. A mixture containing three grains of camphor, suspended in mucilage, two ounces of saleg, and half an ounce of syrup of althæa, was ordered; a tea-spoonful every

half hour, and afterwards every hour. The symptoms of poisoning disappeared, and the muguet yielded to rhubarb in combination with hydrochlorate of magnesia.

CASE III.—R. P., aged four months, affected with vomiting and diarrhoea, had taken the same mixture as that given in the preceding case. Three tea-spoonfuls taken in the course of the day had proved sufficient to throw the child into a state of narcotism. Dr. Sobotka, who was called in, April 27, 1844, discontinued the mixture, and ordered rhubarb with hydrochlorate of magnesia, and afterwards cascarrilla. The child was cured.

CASE IV.—Elizabeth Rabensteiner, aged six weeks, had taken two or three tea-spoonfuls of a mixture composed of four ounces of infusion of digitalis, nine drops of tincture of opium, and two drachms of syrup of orange peel. Paralysis, both of sense and motion, came on, from which she was recovered by the exhibition of a tea-spoonful of a mixture composed of two ounces of mucilage, with half a grain of camphor, every half-hour.

CASE V.—Madeline Saxin, aged nine months, had been affected with diarrhoea for three weeks. A mixture of half a grain of ipecacuanha in three ounces of water, with half a drachm of mucilage, and half an ounce of syrup of poppies, was ordered. Two drops of tincture of opium were afterwards added to the mixture, and a tea-spoonful directed to be given every hour. Narcotism supervened after the first dose. Infusion of valerian, followed by rhubarb, effected a cure.

CASE VI.—N. S., aged between two and three months, emaciated by diarrhoea, had a mixture containing three drops of anodyne tincture. On Dr. Sobotka seeing her, he observed a state of narcotism, and prescribed camphor. The camphor aroused the child for a time, but he died the following morning.

The *Gazette Medicale*, in commenting on these cases, alludes to some other instances in which small doses of opium had proved injurious to infants. Among these is a case recorded by Mikisch, in which a few tea-spoonfuls of a solution containing two drops of laudanum, produced symptoms of poisoning. One drop of tincture of opium was followed by convulsions in a case seen by Keschlin. Werdt mentions the case of an infant who died after taking a mixture in which were four drops of the tincture. Many similar instances are referred to in Taylor's 'Manual of Medical Jurisprudence,' and in the works of other writers, on that subject' and some excellent observations by Dr. John B. Beck, 'On the Effects of Opium in the Infant subject,' in which the danger of giving opium to young children is forcibly pointed out, were published in the *New York Journal of Medicine*, extracts from which will be found in the *Provincial Journal* for 1844, p. 69.

RADICAL CURE OF HERNIA.

The operation for the radical cure of hernia, proposed by M. Gerdy, has lately been performed by I. H. Törnroth, a Danish surgeon. He has operated by this method on five patients, (males,) affected with external hernia. In two cases, one of which was congenital, the hernia had descended into the scrotum; in three cases it was inguinal: four of the cases were intestinal; the other was omental. The operator is especially careful to avoid injury to the peritoneum, and with this view, after the invagination of the serotum, he introduces only one ligature, consisting of

eight or ten silken threads, to one end of which a plug of lint, corresponding to the size of the sac, is attached. The needle, armed with the ligature, is thrust through the highest point of the invaginated part, the aponeurosis of the external oblique muscle, and the outer investment of the sac; and the ligature is then tied firmly upon a piece of elastic bougie, or adhesive plaster rolled into the form of a cylinder. It is essential to the operation that the invagination be carried, before the cord, as high as possible into the inguinal canal, as the organized plug which forms in the sac will thus possess greater firmness, and be better enabled to withstand the pressure of the bowel, without giving way, or being destroyed by interstitial absorption. The application of caustic ammonia, recommended by M. Gerdy, the author considers to be altogether unnecessary. A truss is to be worn after the operation, and Salomon's is especially recommended. (*Zeitschrift für die gesamte Medicin*.) An account of M. Gerdy's operation will be found in the *British and Foreign Medical Review*, for October, 1838, and in Mr. Teale's excellent 'Treatise on Abdominal Hernia,' p. 85. A case performed by Mr. Bransby Cooper is published in the fifth volume of the first series of the 'Guy's Hospital Reports.'

REGISTRATION ACT.

The following is the clause in the 'Act for the Registration of Births, Deaths, and Marriages,' referred to in the circular issued to Medical Practitioners by the Registrar-General:—

Extract from Act 6 and 7 Wm. 4, c. 86.

Section 25.—And be it enacted, that some person present at the death, or in attendance during the last illness of every person dying in England, after the said first day of March; or in case of the death, illness, inability, or default of all such persons, the occupier of the house or tenement, or if the occupier be the person who shall have died, some inmate of the house or tenement in which such death shall have happened, shall, within eight days next after the day of such death give information, upon being requested so to do, to the said Registrar according to the best of his or her knowledge and belief of the several particulars hereby required to be known and registered, touching the death of such person. Provided always that in every case in which an inquest shall be held on any dead body, the Jury shall inquire of the particulars herein required to be registered, concerning the death, and the Coroner shall inform the Registrar of the finding of the Jury, and the Registrar shall make the entry accordingly.

INSANITY IN CANADA.

According to the Census Returns, the number of the insane and idiotic in Canada is greater in proportion to the population than in the United States.

The total population of the United States is 17,069,453, and the number of the insane and idiotic is 17,457, or 1 to 977. The population of United Canada is 1,199,604; the number of insane and idiotic is 2,376, or 1 to 504.

We subjoin the following particulars respecting the insane and idiotic in Canada, taken from the Census:—

Lower Canada, population 693,549.

	Males.	Females.	Total.
Idiots	478	472	950
Lunatics	156	152	308

Upper Canada, population 506,055.

Idiots	221	178	399
Lunatics	241	478	719

We notice that the number of the idiotic in Lower Canada is three times greater than the insane; while in Upper Canada the number of insane far exceed the idiotic. How is this to be explained? By the different origin of the population? The inhabitants of Lower Canada are nearly all of French origin—those of Upper Canada, British.—*American Journal of Insanity.*

MEDICAL INTELLIGENCE.

The practitioners of the western suburbs are forming amongst them a new Medical Society, to be designated "The Western Medical and Surgical Association for the advancement of Science." The first office bearers proposed, (the officers will subsequently be appointed by election annually,) are Sir James Clark, Bart., President; Mr. Gaskell and Mr. Goderich, Vice-Presidents; Mr. Edwards, Treasurer; Mr. A. B. Barnes, Honorary Secretary. The inaugural general meeting of the members will take place at the Western Grammar School, Brompton, at seven o'clock in the evening of Wednesday, the 8th of April, 1846. The chair will be filled by Sir James Clark, F.R.S., &c. &c. &c. The members trust to obtain the co-operation of their provincial brethren as corresponding members.

Mr. James Dixon has been elected one of the Surgeons to the Royal London Ophthalmic Hospital and City Dispensary.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, March 27, 1846:—C. J. Axford; J. A. Woolfryes; C. H. Collins; S. S. Palmer; C. S. Palmer; C. V. Kay; S. S. Bourn; J. H. Jenkins.

SOCIETY OF APOTHECARIES.

Gentlemen admitted licentiates, Thursday, March 26th:—Thomas Coulson, Quorn, Leicestershire; John Baker, London; Frederick Hooker, Marder, Kent; Thomas Skeffington Bourne, Coventry.

OBITUARY.

Died in January last, Dr. Sachs, of Berlin, Editor of the *Allgemeine Medicinische Central Zeitung*.

March 24th, at Melton, Suffolk, in his 59th year, George Vaux, Esq., M.D.

At Burton-upon-Trent, aged 62, Benjamin Granger, Esq., Surgeon.

TO CORRESPONDENTS.

Communications have been received from Mr. W. J. Goringe; Dr. Fife; Dr. Black.

Medical Diplomas, &c.—The return referred to by our correspondent is a parliamentary document, and may be obtained by application to any of the members for the county or borough in which he resides,

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"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844,*

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WEDNESDAY, APRIL 8, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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NOTICE IS HEREBY GIVEN, that a GENERAL MEETING of the Members of the Association will be held on Friday next, the 17th inst., at the HANOVER SQUARE ROOMS,—

R. R. PENNINGTON, Esq., in the Chair;

To receive a REPORT from the Committee of their Proceedings, together with a statement of several important considerations relating to the present condition of the Medical Profession, and an outline of a plan for the Organization of the General Practitioners in a permanent voluntary representative Institution; and to adopt such measures thereon as may be deemed expedient.

The Chair to be taken at Six o'clock precisely.

By order of the Committee,

GEORGE ROSS,
Secretary.

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* See *London Medical Gazette*, of September 26, 1845, p. 962.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31st OF JANUARY, 1846.

By GEORGE FIFE, M.D., Physician to the Sunderland
and Bishop-Wearmouth Infirmary.

(Continued from page 133.)

Neuralgia and cephalalgia are the diseases now to be considered, and are thus associated in consequence of the latter term having been restricted to cases in which the pain of head was situated in particular nerves, rather than connected with either cerebral or gastric causes. Most of these cases were of long standing, and obstinate in their character, having in almost every instance been under medical treatment previous to my seeing them; a very considerable proportion of them had also been regarded and treated as rheumatism. Owing to this confusion of these diseases, which, although possessing some features in common, are essentially distinct in their nature, it may not be irrelevant to explain more fully than would otherwise have been deemed requisite, the relation which they bear to each other, which, when duly regarded, must serve effectually to prevent such error in diagnosis.

Rheumatism and neuralgia are, both of them, diseases accompanied by pain, frequently occurring in paroxysms, or at all events subject to decided remissions and exacerbations. Here the analogy may be said to cease, as even the character of the pain is different when taken with its corresponding symptoms. Thus, in rheumatism, the pain, when very severe, is almost constantly accompanied by constitutional disturbance, constituting in fact the acute form of the disease; whereas in neuralgia, however intense the pain may be, the system in general is little, if at all, affected. The seat of the two diseases is also different, the one being, for the most part, confined to the vicinity of the joints where the fibrous tissue abounds, and attended with heat, redness, and swelling, whereas the other selects either the tract of a particular nerve and its branches, or that portion of the nerve, where it makes its exit from a cavity, as in the case of the fifth from the cranium, and of the sciatic from the pelvis. One circumstance, however, deserves notice, viz., that neuralgia very frequently follows an attack of acute rheumatism, which was found to be the case in many instances. This is easily accounted for by considering the extreme morbid sensibility of the nervous system which attends acute rheumatism, and also the decided influence of exposure

to cold and moisture in inducing either one or other of these diseases. The nerves most commonly affected were those of the face, especially the supra-orbital and its branches, the cardiac, sciatic, and the uterine nerves of the hypogastric plexus, which last were manifestly much involved in, if not actually the cause of, dysmenorrhœa. It is hardly necessary to say, that in most of the cases the digestive organs were more or less implicated, and that to such derangement with the superaddition of exposure to damp and cold, many were to be referred.

The treatment consisted of alteratives, antimonial, purgatives, colchicum, and occasional opiates, with belladonna, morphia, creosote, and tobacco, as external or endermic local applications. In some of the uterine cases, a solution of conium, used as an injection, was attended with the happiest effect, both in relieving the pain when present, and also in rendering the organ generally less irritable, and the attacks less frequent.

The alteratives were either the hydrargyrum cum creta, with antimonial powder or a minute quantity of the tartrate of antimony, or the Plummer's pill; the last being most commonly employed. Purgatives were given only for the purpose of relieving the intestines from any load, and not with the idea of specific benefit to be derived from their action in any other respect. When opiates were resorted to, which was very seldom, the compound powder of ipecacuanha was preferred.

Colchicum, of all the means internally employed, deserves most confidence in the treatment of this painful and distressing disease; the advantages of this medicine in these cases, seem if possible to be greater than those which it possesses in gout and rheumatism. From what has been lately said of this medicine, this praise may, by some persons, be regarded as somewhat dubious; such is not, however, to be considered as the meaning with which the previous remark is made; on the contrary, I can safely affirm that so far as my experience of this medicine extends, I regard all other means as secondary or auxiliary to it, not only in the disease under consideration, but also in gout and rheumatism, in which it has become fashionable to decry its merits, if not actually to accuse it of prejudicial effects. That such do result from the indiscriminate and irrational manner in which it is employed, cannot be questioned, but in my practice, which now extends over a considerable period, and during which many cases of gout have been treated, I can call to mind no case in which the colchicum has been injurious, or

followed by unpleasant effects, which may also be said of its exhibition in rheumatism.

In most of the cases, where local appliances were resorted to, they were used as ointments rubbed over the affected nerve. In some, however, of a more severe character, the morphia was applied to a surface previously blistered. This was, in some cases of sciatica, attended with not only speedy but permanent advantage, and certainly seems highly preferable to Mr. Syme's (of Edinburgh,) very farrier-like practice of the cautery.

In cardiac neuralgia the colchicum was especially useful, either with or without a few drops of the tincture of digitalis with each dose, when the action of the heart was much increased as well as irregular. A local application in these cases, of great efficacy in relieving both the inordinate action and intense pain, was the tobacco-leaf, slightly moistened and placed over the region of the heart, care always being taken to remove it so soon as any feeling of giddiness, faintness, or sinking, was experienced by the patient. For this simple and truly efficacious application, I am indebted to the late amiable and talented Dr. Macwhirter, of Newcastle, whose great practical knowledge of medicine, and the manner in which he placed it at the service of the junior members of the profession, will be long remembered, and willingly attested by many as well as myself.

The recurrence of the attacks seemed to be warded off by the constant wearing of a plaster composed of the extract of belladonna, with either the adhesive or mercurial plaster. When the affection was confined to the more superficial nerves, one part of belladonna to three or four of lard, was often very usefully employed as an embrocation. The morphia and creosote were also employed in a similar manner with very satisfactory results.

Of the actual pathology of neuralgia, little or nothing is known, but the pain appears to be simply the result of a morbid state of the sensibility of the nerve affected, and perfectly distinct from inflammation of either the nerve or its envelope. That the disease is not essentially inflammatory may be assumed from the utter uselessness of depletion, either general or local, in its treatment. In fact, in many cases the disease has been absolutely aggravated rather than diminished in its severity by the application of even a few leeches. When it has occupied the diaphragm, the lumbar region, and pelvis, I have seen this effect follow general blood letting, which had been resorted to under the impression that inflammation was present. The diagnosis in these cases requires extreme caution on the part of the practitioner, but where this is observed the difficulty is overcome with comparative ease, the leading distinction consisting in the absence of fever, and the tranquillity of the pulse. That such may be the real nature or pathological condition of neuralgia, acquires support from the well-known nature of one of the forms of apoplexy—the simple apoplexy of the celebrated and revered Dr. Abercrombie, which is known to be most fatal in its character, and at the same time to leave no anatomical trace of its existence, or cause behind it.

One remedy, of the good effects of which, in a case now under treatment, I have had very decided evidence, is the hydrocyanic acid. It is a case of cephalalgia, of many years duration, periodical in its attacks, and attended with considerable biliary and gastric derangement, in a lady advanced in life, and who has had several children, now grown up. The attacks occurred on an average once a-week, previous to my being called in, generally on a particular day. She was ordered at first to regulate the bowels with a combination of blue pill, extract of colocynth, and hyoscyamus, and to take the colchicum three times daily. After this plan was adopted, a period of *ten days* elapsed without the usual attack, which then occurred, but both less severe in its degree and shorter in duration. In the interval after it she was ordered the iodide of potassium and citrate of iron, in infusion of quassia; when *thirteen days* passed, at which lapse of time it again recurred with severe bilious vomiting, and intense pain of the supra-orbital branch of the fifth nerve, extending over the whole right side of the head. From these symptoms she was suffering when I was sent for on Tuesday evening; the hydrocyanic acid was ordered, in doses of three minims, every three or four hours, until the pain should be relieved. By the first dose both the vomiting and pain were mitigated, and after a second had been taken, the patient enjoyed a comparatively good night, sleeping a great part of it. On the next day little or no pain was present. That such relief may properly be attributed to the medicine seems evident from the fact, that the attacks generally continued severe for two, three, or four days; at the same time the real utility of the remedy must not be inferred from a solitary case. The relief, however, was both so immediate and permanent as to justify a further trial, especially when the very powerful sedative action of the acid is remembered. To this other cases might be added; but as in them the head affection manifestly depended on gastric disorder, they cannot be regarded as possessing the strict character of neuralgia.

Arsenic and quinine I now very rarely employ in neuralgic disease. In the latter I have little or no confidence, whilst to the former, although more useful, there are many objections which it is unnecessary to recount.

Nervous Disorders.—The cases* which are placed under this head do not require any particular notice, as being, for the most part, symptomatic of uterine, or gastric disorder, and generally of the hysterical character; their treatment being regulated according to the age, sex, and general constitution of the patients. The shower bath, and cold sea-bathing, were powerful auxiliaries to medicine.

The venereal cases may be regarded as small in number for a sea-port town, but the proportion must not be considered as any criterion of the actual proportion which such cases bear to disease in general, as it is a notorious fact, that most of the primary cases are subjected to treatment by the chemists and quacks, before they come under the charge of the educated surgeon, which will also go far to account for the great disproportion between the primary and secondary

disease, as recorded in the table, from which it will be found, that of primary syphilis there are only *nine* cases, of gonorrhœa *ten*, whilst under the term lues, there are no fewer than *forty-three*. Connected with this disproportion several circumstances deserve notice; one of which is, that in many of the cases of secondary symptoms, the only primary symptom had been the urethral discharge, which gives support to the opinion that gonorrhœa may exist in two distinct forms; in the one of which it appears to be a simple disease, whilst in the other it affords evidence of a specific character, and in which only, I am disposed to believe, that it can produce the secondary or constitutional symptoms. This opinion I have long held, and although of late years my practice in venereal cases has been comparatively limited, in an earlier period my opportunities of observing this disease in all its phases were more than ordinarily extensive, especially whilst acting as surgeon to the prisons in Newcastle, which I did for about eight years. From the observations then made, I have not the slightest doubt that gonorrhœa occurs in these two distinct forms, in the one of which it is a simple local inflammation, with increased and vitiated secretion from the lining membrane of the urethra; whilst, in the other, it has a decided and specific venereal origin, and, when treated independent of mercurials, is capable of contaminating the system, and giving rise to both the sore-throat and cutaneous affections, constituting lues venerea. Several of the cases mentioned in the table have confirmed me in this view, as in them, where no motive whatever for concealment existed, the parties had never suffered from primary sores, but frankly admitted having laboured under gonorrhœa. This remark refers especially to males. In many of the cases in which females were the subjects of the disease, considerable uncertainty as to the real nature of the taint prevailed, not only from the circumstance of their reluctance to acknowledge the truth, but also from that of most of them having taken various medicines, which, from their containing mercury, might have removed even primary syphilis.

When this observation is made, I do not wish it to be inferred as my opinion, that syphilis in every case requires mercury, as such is not my belief; at the same time experience has taught me to consider the mercurial treatment, when judiciously pursued, and restricted within due limits, the safest and best that can be adopted. From this conviction, even in gonorrhœa, I have generally given the Plummer's pill for a time, and have never had occasion to regret having done so. In the treatment of syphilis, the blue pill is the best form of giving mercury, which should never be carried to the extent of inducing ptyalism, but should, on the contrary, be either reduced in quantity, given at longer intervals, or altogether suspended, so soon as the metallic taste in the mouth and tumefaction of the gums occur.

The remedies in the sore-throat, which proved most efficacious, were the solid nitrate of silver and the creosote gargle, locally applied, aided by Plummer's pill, bichloride of mercury, and iodide of potassium or nitric acid; in many cases, where the general health had materially suffered, the preparations of iron were

decidedly useful. In the sarsaparilla, except from its combination with other medicines, I have no confidence; although in the form of *compound decoction*, with bichloride of mercury, or nitric acid, it is often attended with the best effects. It may, however, be questioned how far such benefit is attributable to the sarsaparilla.

Local sores were treated with the nitrate of silver, black wash, and when irritable, with equal quantities of the hydrochlorate of morphia and calomel sprinkled over their surface, or formed into an ointment with lard; from such combination the best results ensued.

In gonorrhœa injections were generally used: of these the vinum opii diluted, the acetate of lead, and creosote, were employed in the active stage; when more chronic, the sulphate of zinc was used instead of the lead. The black wash was also in some obstinate cases tried with benefit. These remarks are not restricted to the cases in the table, but apply to my general experience for the last eighteen years, and during which, I cannot call to mind one case in which injury ensued as a consequence of the employment of injections. In some cases the ergot of rye acted most beneficially on the discharge.

On the cases of lues, little need be said, except that many of them were aggravated rather than relieved by mercurial treatment, when of course other means calculated to improve the general health were resorted to, as iodide of potassium, quinine, and iron.

Sunderland, April 3, 1846.

CASE OF COLICA PICTONUM.

By W. J. GORRINGE, Esq., Surgeon.

Richard H., aged 34, by trade a painter, has had an attack of lead-colic annually for fourteen years, occurring about the commencement of winter. His bodily health, in other respects, has been good. The present attack set in about three weeks ago, with a pinching sensation at the pit of the stomach, gradually amounting to pain, which would be more violent at intervals, drawing him double. There have not been more than six or seven stools since the commencement of the attack, (three weeks,) and these were produced by aperient medicines; no appetite; has been troubled with vomiting several times a day, producing at the time hard lumps in the region of the stomach, which would disappear on friction. Attacks of cramp, frequent and violent, have been felt in various parts of the body, but more particularly in the hands and feet, occurring when these parts are first moved after an interval of rest. The stomach has not retained anything for the last fortnight, and he finds himself much emaciated since the commencement of his illness. He has had warm baths, and leeches to the stomach, which were followed by some benefit. Pulse 112, small, and rather weak; tongue coated; urine scanty and high-coloured; is thirsty; pain relieved by pressure, and increased when he is cold. The duration of the annual attack has varied from two days to three weeks, and at all times he has found the warm bath of the greatest service.

December 14th. Capiat Calomel, scr. j., statim; et Ol. Ricini, oz. j., post horas duas.

R. Creosoti, m. ij.; Mucilag., dr. j.; Aquæ, oz. iss. Fiat haustus quater indies sumendus.

15th. Bowels still confined; vomits occasionally; the fluid ejected is of a dark colour, and acid smell.

Sumat Olei Crotonis, m. ss., omni hora donec alvus respond., et Creosoti, m. ij., cum singulis dosibus. To have an enema of Sp. Terebinth., oz. ij., Dec. Avenæ, lb. j., in the course of the day.

16th. Purged several times during the night; had a great deal of pain, and vomited a quantity of the same kind of fluid as before; feels himself very faint; abdomen not at all distended, or painful on pressure, but affected with cramps.

R. Morphine Hydrochlor., gr. ss., hora somni sumend. Contin. medicamenta.

17th. Feels better; no sickness; bowels frequently opened by the pills; has cramps in the abdomen, and rigors occasionally.

Omitt. Ol. Crotonis.

R. Creasoti, m. iij., sexta quaque hora.

19th. No sickness since last report; appetite improved; no stool since the 17th.

R. Ol. Crotonis, m. ss., statim, et repet. si opus sit.

20th. Bowels relieved; vomiting this morning; pain very severe at times all over the body; tenderness at the epigastrium.

R. Acid. Hydrocyan., m. ij., cum singulis dosibus Creasoti.

22nd. Has been in great pain, which he attributes to wind; bowels confined.

R. Olei Cajeputi, m. iij., in pilula tertia quaque hora sumenda.

23rd. Expelled a great deal of wind, and feels better to day.

24th. Vomits occasionally fluid of an acid taste.

R. Creasoti, m. iv., Olei Cajeputi, m. iv., tertia quaque hora sumend.

To have middle diet, and two pints of milk daily.

27th. Complaints of severe pain in the epigastrium and left hypochondrium; relieved by pressure and bending forward; countenance anxious; pulse 120, small; tongue white; thirst; bowels confined.

Omitt. medic. V. S. ad. oz. vj. Empl. Lyttæ abdomini. Capiat Calomel, gr. x., statim.

R. Magnes. Sulph., dr. ij.; Aquæ Menthe Piper., ozs. iis.; quaque hora donec alvus resp.

Vespere. Hirudines xx. epigastrio et lateri sinistro.

28th. Bowels have been moved, but still complains of much pain; blood not buffed; in the forenoon was seized with vomiting of blood, and ejected about half a pint; countenance and lips appeared blanched; pupils dilated; body covered with a cold sweat.

Ordered to take some wine, (ozs. iis. every half hour,) which rallied him.

R. Ol. Terebinth., m. xx.; Lactis, oz. j.; omni hora sumend.

R. Plumb. Acet., gr. iij., in pilul. inter singulis dosibus Olei Terebinth.

Vespere. Has had no return of hæmorrhage; pulse very weak; some delirium, apparently from the wine; has passed fæces in bed; pupils dilated; unable to speak.

Omitt. medic. To take wine occasionally, according to circumstances.

29th. Continues insensible; pupils dilated; has again vomited some dark brown fluid, but containing

no coagulated blood. Had a motion last night very black and offensive. Pulse quick and feeble; pulsation accompanied with considerable impulse, felt at the epigastrium and about the umbilicus.

Died at nine, p.m.

Sectio cadaveris forty hours after death. Body was emaciated and blanched.—*Head*: Brain externally, looked very pale, some effusion of serum under the arachnoid; great paleness of the grey and white substance; plexus choroides also very pale; slight effusion in the ventricles; cerebrum firmer than usual; cerebellum not so firm.—*Chest*: Lungs very pale; valves of heart slightly thickened.—*Abdomen*: Liver pale and soft, extensively stained with bile of a deep blue colour; kidneys soft, pale, and small; stomach about the natural size. On raising the small lobe of the liver, a perforation was observed in the anterior wall of the stomach, near the middle of the lesser curvature, about the size of a half-penny; no adhesions visible; no signs of lymph. The stomach contained a quantity of dark-coloured red or black fluid, similar to that which had been vomited; it appeared to be a bloody fluid blackened by the acid secretions. In the middle of the ulcer was a granular-looking substance of a reddish white colour, which was found to be the pancreas which had projected through.

April 1, 1846.

CASE OF MONOMANIA, ARISING OUT OF THE TRIAL OF MADAME LAFARGE.

M. Esquirol has expressed an opinion that it was possible to write the state of society at any given period, from the mental hallucinations then prevailing. There seems to be no doubt, that during the "proces" or trial of Lafarge's wife for his destruction, through the covered means of arsenic, there occurred in France many cases of mental alienation, all referring to this impression. The subjoined history, drawn up by M. le docteur Jossat, Membre de l'Institut Historique, 3e classe, he considers less an argument in favour of Esquirol's opinion, than as an additional fact which may strengthen the solution of the problem of madness, relatively to its seat, to its nature, to its varied complications, and perhaps to its treatment.

Lepers was born at Lille: his family was easy in circumstances, though not rich, and he received a proportionate education. He was early remarked by his habits of order and economy, by a strict sense of rectitude, yet by an obstinacy of opinion that would never allow himself to be in the wrong. His form was athletic, his temperament musculo-sanguineous, (musculo-sanguin,) the head a type of the antique statuary,—the head that gives the idea of dignity and benevolence. Lepers in the course of time, and under the influence of circumstances became a cooper, and prospering in his business, he married a German, to whom he was much attached, but whose disposition was that of a narrow mind, (taquin,) and far from according with his own.

Having fixed his residence at Port Mahon, Paris, in a prosperous business, much esteemed, in good credit, sought after from his skill, his probity, and his punctuality, nothing appeared likely to disturb the serenity of his life, which he not only felt, but endeavoured to share with his friends.

At this period came on the celebrated "proces" of Lafarge. Lepers became strongly interested in it, and at once denounced the wife. Madame Lepers took the other side. Their discussions, calm at first, became, like most arguments, angry and abusive, and Lepers, formerly so difficultly provoked, was soon irritated, animated, and violently excited, whenever he found he could not convince. At length "Le drama de Glandiers" terminated, and the jury gave a verdict according to Lepers' preconceived opinion. His wife, nevertheless, and without any respect to judge or jury, maintains hers. The exasperation of Lepers is at its acmé; suddenly he stops, crosses his arms, and with a piercing look upon his wife, exclaims, "*If indeed, you could do this!*"

On the morrow Lepers complained of exceeding pain in all his limbs, and of a severe colic; he spoke of his sufferings without stating any reason for them. He repaired to a chemist to analyse his "urine," and the reply was, "there was nothing to justify any suspicion;" he nevertheless considered himself poisoned, and from that moment it became the fixed opinion of his mind. Hitherto of a reserved habit, that was abandoned, and he declared every where he was poisoned, and poisoned by his wife.

The narrative proceeds:—M. de Jossat says, "I go back to the day when he first came to consult me on his case; his broken-down suffering aspect, his haggard features, his trembling limbs, affected me much. He at once commenced relating the history of his miseries:—The arsenic was put into his food with a skill that defied the most vigilant observation. The criminal wife pursued her intention with the certainty of result, which Lepers related with fascinating eloquence. The recital lasted above an hour, without my being able to suspect that my relator was mad. The perfect appearance of truth in the details, their admirable union, the air of conviction that marked his words, the bodily tortures so emphatically expressed, and above all that beautiful physiognomy he possessed,—those who knew him will well understand me,—all contributed to fascinate me. I believed entirely in his statement, I told him so, in a manner which gained him entire confidence, and which was never withdrawn. An appointment was made for the next day.

"In the meantime I saw his wife, his friends, and neighbours. My first impressions were disabused, and on the morrow, without ceasing apparently to think with him; I prescribed what I considered necessary to neutralize the effects of the poison already absorbed. I advised him to take his repasts from home; this counsel was followed, and Lepers recovered his ordinary health and gaiety. In a few weeks, however, he returned to me, complaining of all his former evils. Now his wife powdered over the bed-clothes, the linen, his body garments, with arsenic; he left his bed, slept alone, kept one room to himself, and for a time, by these means, was comfortable; but in a fortnight the whole assemblage of evils reappeared. Now his wife had introduced the impalpable powder through the floor of his apartment, and the air he breathed was saturated with the arsenic."

Under such circumstances it became necessary to remove him, and with much address he was placed at Charenton. For a month of his continuance there he was resigned, polite to all, never making the slightest

complaint; his conversation was eagerly sought for by the medical attendants, and it began to be disputed whether he was a fit subject for such a hospital. At that time his wife, with whom he was on good terms, notwithstanding the crimes with which he reproached her, came to see him. After the immediate interview, "I do not like," he said, "to converse with you among such a set of people; ask permission for us to take a walk out of the establishment." The confidence in Lepers was so great, that the permission was easily granted, but no sooner had he touched the threshold of the gate, than leaving his wife, he started off, and hardly stopped till he arrived at Lille, in Flanders. There his family, who had never credited his insanity, received him as a victim of bad proceedings, and of the cupidity of his wife.

To her he now wrote a letter, a model of its kind, relating to her his grievances in detail, (one by one,) and ending by an offer of pardon. He followed this up by returning to Paris. His return to his domicile was accompanied by scenes of sentimental and conjugal effusion, by a frankness sufficient to deceive even great sagacity, and for eight days the mutual happiness appeared to be complete. One fine evening, after an agreeable repast, the couple walked in their court-yard for the pleasure of breathing the fresh air; observing his wife yawn, Lepers said her digestion was bad, and would be all the better for a glass of Kirschen; he immediately went for it, and returned with a bottle, but it was of Geneva. Madame Lepers, a German, remarked that she liked only the liquor of her country. The dreadful idea shot like lightning through his brain, that she refused it because it was poisoned. To seize a mallet, to strike her several blows upon the head, so as to lay her dead at his feet, was but the work of a moment. Before any help could be called, he re-entered his house, barricaded the door, ran upstairs, and with a razor, cut his throat, so as nearly to divide the trachea. Finding death not at hand, he stabbed himself frequently in the region of the heart, and with what power he had left, beat the left temporal region with a mallet, and so passed the night bathed in blood. The spectacle that Lepers offered on the morning when discovered passes any power of description. He yet lived, and advice being called in, and every proper attention paid, in four weeks he was cured. He was placed in the Asylum of M. Pinel, until the ends of justice could be determined. Twice, notwithstanding the strictest vigilance, he contrived to escape; and, finally, he was placed at the Bicêtre, where, adds M. Jossat, "he expired almost at the same time that I conclude the history of his derangement."

M. Jossat concludes his paper with the subjoined reflections:—"No instance of mental alienation had been known to occur in the family of Lepers; an hereditary taint as the cause, is therefore at once dismissed. Up to the hour when the idea of being poisoned became fixed in his mind, he was noted for his good sense, for the integrity of his heart, and for the clearness of his intellect; even when this suspicion had taken the character of monomania his intelligence upon all other matters was such, that his whole family refused to credit the notion of insanity, and I myself, after our first interview, remained for many hours under the same conviction. M. Fergus, the person appointed to examine him, declined for a long time to

insert in his report any reference to a disordered state of mind, so careful was Lepers, during all his interviews, not to give any occasion for such suspicion. In the course of his business, he had never said or done anything which could induce any presumption of an unsound mind. Lepers, with a multitude of others, became interested in the process against Madame Lafarge. His judgment was soon satisfied that she was guilty. His wife opposed this opinion, and their arguments were renewed daily; at length the jury confirmed his previously-drawn conclusion. Now, at least, it must be acknowledged he was right. No! Madame Lepers persists in spite of all legal conviction. Then comes the feeling, that there must be some deeper cause for this obstinacy—some hateful attempt against his own life, with probable impunity in executing it. This idea, conceived in one moment, becomes the predominant passion of his life, and during its short remainder, his only thoughts are how to escape from this infliction.

"Again, as if Lepers were destined to combine in some way the mysteries of the physical power, with the moral condition of man, he survived wounds, any one of which would have destroyed one of less vigorous organization than his. He not only survived, but was cured in twenty-five days, and his escapes from Chaillot, the place of his detention, showed wonderful combinations of ingenuity and self-possession.

"Can phrenology give any assistance in the solution of this singular case? Is the localization of organs to be insisted upon, when Leper's rationality is sound upon every subject but one; that also hardly perceptible, except at times manifesting itself, yet constantly and painfully tracing consequences deduced from a supposed and imaginary fact, (*d'un fait sans fondement*)? Can the principle be admitted, that the aberration of a faculty will be always found accompanied with the lesion of a corresponding *material* organ, when Lepers is found now dropping, now resuming his fatal suspicion, at the same time in all other relations of life pursuing the conduct of an upright and skilful artisan.

"The human mind, capable of solving so many problems, is it always to find in itself, one that is insolvable."

There are many more "reflexions," *tres Franchises*, but I agree with M. Jossat, that they would be only tedious to my readers.

H. S. BELCOMBE.

Membre de L'Institut Historique a Paris.

SOME ACCOUNT OF THE EPIDEMIC FEVER WHICH PREVAILED IN LIVERPOOL, IN THE LATTER MONTHS OF THE YEAR 1844.

By GEORGE CHURCHILL WATSON, M.D., EDIN.,
Associate Member of the Surgical Society of
Ireland.

(Concluded from page 157.)

XI. *Causes: Meteorological Changes.*—It is important to determine, if possible, the precise circumstances which have given rise to the present epidemic. It is well known that there are certain conditions always acting which tend to the generation and spread of disease in Liverpool; but as these conditions have not

materially altered of late, we must look for the causes elsewhere, and with this view I applied to Mr. Abraham for the subjoined record of the meteorological state of the atmosphere, the mean results of which I will now detail:—

MONTHS.	Barometer.			Thermometer.			Hygrometer.		Wind.							Pluviometer.		Diurnal state of the Weather at Nine, a.m.						
	Monthly Mean	Maximum during Month	Minimum during Month	Monthly Mean.	Maximum	Minimum	Mean of Dew Point	Difference of Wet and Dry Bulb	North	N. East	N. West	West	South.	S. East	S. West	East	In. Pts.						Fall of Rain during Month	Fair	Rain	Cloudy	Stormy	Showery	Snow
January	29: 99.23	30: 36	29: 55	42: 4	56	25	38: 5	1: 7	5	2	16	2	1	2	3	0	2: 53		11	6	8	4	0	2
February	29: 60.10	30: 11	28: 60	38: 9	48	27	34	2: 1	3	5	7	3	2	4	5	1	3: 45		11	7	7	3	0	2
March	29: 75.19	30: 48	29: 10	42: 17	57	27	36: 4	2: 6	1	6	13	5	0	4	1	2	2: 76		12	5	8	6	0	0
April	30: 09.22	30: 47	29: 30	50: 24	61	36	41: 8	3: 9	6	2	12	3	0	4	1	0	1: 26		19	6	5	0	0	0
May	30: 15.13	30: 44	29: 86	54: 4	69	35	40: 8	5: 6	3	9	9	7	0	2	2	7	0: 81		23	6	5	1	0	0
June	29: 89.29	30: 18	29: 58	59: 17	75	42	48: 7	4: 6	4	1	13	1	1	2	2	1	3: 10		16	6	7	1	0	0
July	29: 88	30: 21	29: 44	61: 19	80	44	50: 2	4: 5	5	0	14	1	2	2	3	5	5: 27		17	6	6	2	0	0
August	29: 76.23	30: 29	29: 28	58: 15	74	45	49	4: 5	4	0	18	1	2	3	3	1	3: 55		10	5	8	8	0	0
September	30: 02	30: 32	29: 65	58: 26	77	42	47: 7	3: 9	3	4	9	3	2	3	3	6	2: 99		14	8	8	0	0	0
October	29: 62.7	30: 30	28: 82	49: 10	61	32	46: 4	3: 6	2	2	9	3	2	6	5	1	2: 99		15	7	6	3	0	0
November	29: 75.9	30: 34	28: 93	43: 18	56	29	41: 10	2: 4	0	1	4	2	4	6	4	2	1: 27		14	3	8	3	0	0
December	30: 01.3	30: 49	29: 40	32: 17	41	20	28: 7	1: 9	0	3	0	0	0	20	2	2	0: 12		25	2	3	3	1	0
Annual Mean	29: 87.7	30: 32.7	29: 29.5	49: 10	63	33: 20	42	3: 4	35	35	122	24	30	56	41	23	30: 10		187	63	78	34	0	0

METEOROLOGICAL TABLE FOR 1844.

Maximum of Atmospherical Pressure,	Mar. 30th, 30.48
Minimum	Feb. 26th, 28.60
Maximum of Dew-Point	July 24th, 60.2
Minimum	Dec. 8th, 18.
Maximum of Temperature	July 23rd, 80.
Minimum	Dec. 8th, 20.
Maximum Difference of Dry and } Wet Bulb	June 11th, 7.5
Minimum	Dec. 30th, 0.0

It will be observed that the barometric pressure has been unusually high and steady during the whole period, and that the temperature has been lower than usual at this time, although the extremes are not great. The atmosphere has also been highly charged with moisture, and the quantity of rain very small. The prevailing wind has been south and south-east for a longer period than has been known for many years, so that it appears not unlikely that the great conducting power of the atmosphere for heat may have produced that depressing influence, the results of which are so strongly marked in the present epidemic.

Thermometrical Range.—From November 26th, to December 2nd, the mean diurnal temperatures were, 37°.75, 39°.75, 41°.43°, 37°.75, 36°.5, 35°.5. After this fall of six degrees in the last four days, fourteen cases occurred on the following day, and thirteen were admitted into the fever wards. From October 31st to November 6th, there was a fall of the mean diurnal temperature from 47°.5 to 41°.25; in seven days the thermometer fell six degrees, twelve cases followed. Again, from November 17th to November 18th, the mean temperature fell from 50°.25 to 44°.75, thirteen cases followed; and on another occasion, during the same month, when the mean of the thermometer fell five degrees in five days, six cases followed.

Wind.—The south-easterly direction of the wind prevailed chiefly throughout the months in question, and blew more persistently from that quarter, and for a longer time than Mr. Abraham had witnessed for twenty years previous. Mr. H. Higginson remarked that the cases under his observation changed for the better, or retrograded, even into relapse, according as the wind veered.

Some practitioners have accused the supposed varying electric states of the atmosphere. The general run of cases occurring on the side of a range of high land, affords some countenance to this opinion, but beyond this fact there does not appear evidence to warrant the supposition.

XII. Epidemic Constitution and Prophylaxis.—Under this head there is but little room for remark, according to the present state of our knowledge. It cannot be doubted, however, that the science of hygiene ought to be applied, especially in case of the epidemic constitution, to the enabling of those in ordinary health to resist the noxious influence. Much may be done towards invigorating the human constitution to wrestle with malarious influences, and the proper steps for attaining this end ought not to be overlooked by the accomplished practitioner, whose knowledge is as legitimately taxed for the prevention as for the cure of the prejudicial effects of malaria and other causes of disease. The regular evacuation of the bowels must be attended to, not only in regard to this epidemic, but also, where epidemic catarrhs, (influenza,) cholera, dysentery, &c. &c., happen to be prevalent.

Next to this, nutritious but easily digestible diet claims attention; and should any weakness of the digestive apparatus exist, such requires the suitable prescription of a course of alternatives, light vegetable and aromatic tonics, with aperients, as the case may demand; and lastly, the regularity of hours of rest and meals, concurrently with early hours of retiring and rising.

In order further to strengthen the system, the habit of cold morning-bathing, either in the shape of plunge-bath, shower-bath, or sponging over the surface with salt, vinegar, or spirit and water, or water without these ingredients, should be adopted. Before or after doing this, the body should be well dressed with the horse-hair belt or gloves, whereby sufficient glow may be produced to secure healthy reaction. If I may be so bold as to quote my own personal experience, I may add, that I have passed a dozen years in the profession, in residence and constant attendance in fever hospitals, through all the vicissitudes of studentship, in three or four metropolitan seats of study, and attendance in a densely populated district, where the cholera raged, and obnoxious to all the chances of private practice subsequently, without ever having caught any of those diseases which have more than decimated our ranks; and this, as far as human means go, I ascribe to the habit (cleanly—and therefore healthy,) of bathing or sponging through all seasons, so as to ensure that healthy state of the emunctories of the skin, &c., whereupon alone dependance can be safely placed.

It is my pleasing duty, in committing these observations with all their imperfections to the eye of the medical public, to acknowledge most gratefully the gentlemanly and cordial manner in which assistance has been rendered me from various quarters, in addition to those private facts which I have quoted along with the names of the parties who furnished them. The physicians of the fever wards, Drs. Macrorie, Gouthwaite, and Dickinson, most kindly permitted me the use of their books. I have only referred to the cases of the two latter, simply because I thought I had obtained sufficient materials already for my object. I am aware, that to have taken and digested Dr. Macrorie's cases also, thereby getting the whole number, would have rendered this attempt more complete. I can only say, that having already devoted too much time from my own practice, &c., to the working up of this paper, I was compelled to stop the first moment I could do so at all consistently with the object I had in view. I may yet regret the "unaccomplished," but those who best know the labour of a statistical research, will be the first to excuse my pausing here. Indeed, it is only common justice to Dr. Dickinson to state, that I should not have got the length I have done, if it had not been for his great kindness in dividing the labour of drawing out tables from the records of each case. If the paper has any value, it is chiefly due to himself, and I could not be content without gratefully acknowledging many valuable hours which he has thus devoted to me.

To my friends Drs. Sutherland and Brett, I am also largely indebted for much valuable assistance. The Board of Guardians of the West-Derby Union have kindly allowed me to refer to the books of their medical officers; and to Mr. Fell, the surgeon of the Workhouse, I am also under obligations. To Mr. Abraham I am indebted for a copy of his meteorological report for the period referred to.

Finally, to the Editor of this Journal I owe my thanks for his polite attention to, and revision of, my manuscript, so as to render it more fitted for publication, it having been placed in his hands in an imperfect state, owing to the occurrence of illness in my family.

Liverpool, 4, Bedford Street, North,
December, 1845.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 15, 1846.

The office of Coroner, when properly administered, forms a very important safeguard for the protection of the weak and unwary from violence and artifice. In order, however, that this check upon the perpetration of crime should be really and extensively operative, it becomes necessary that the inquiries carried on in the Coroner's court should be conducted with due regard to their object, and that no case in which such inquiries are requisite should be permitted to escape the inquest. Looking to the true end of the Coroner's inquest—the protection of the subject—it is better that an investigation of this nature should occasionally be undertaken unnecessarily, than that a case requiring such investigation should be allowed to escape unnoticed. At the same time it must be borne in mind, that the feelings of relatives and friends should never be unnecessarily interfered with, and that the holding an inquest without sufficient cause is an outrage to private affliction which ought by no means to be permitted. Generally speaking, the supervision which the Magistrates exercise over the Coroners' expenses operates sufficiently as a check against the holding of inquests unnecessarily, and the disallowing of the Coroner's "cravings," in cases where an uncalled for investigation before this officer has been held, is a very wholesome restraint upon this mode of inquiry.

The manner of conducting the inquest is, however, to the full, as important, in ensuring the attainment of the object in view, as the holding of an inquest at all, and it may safely be asserted, that more evil arises from the mode in which inquiries of this nature are sometimes conducted, than would have done from their entire omission. There is a very common misapprehension existing in the Coroner's Courts, that provided the Coroner and the jury are satisfied as to the question before them, the evidence upon which they may have arrived at their conclusion, is in its kind and character of little moment. Hence we find the Coroner not unfrequently receiving, and the jury returning the verdict on, imperfect or secondary evidence, contrary to the salutary practice of the courts of law, which always require the best evidence that can be obtained.

Hence also we find the Coroner himself sometimes acting as a witness as well as a judge, not as to a matter of fact, but as to a matter of opinion, and directing the jury accordingly. Some of the medical Coroners have been led into this latter error, when, instead of calling for competent medical testimony, and pointing out to the jury the bearing of such testimony, they have been induced by their own knowledge, as medical men, to form an opinion on the case before the court, and in consequence of that opinion, have dispensed with other medical evidence.

This is an error into which the legal functionary who may hold the office of Coroner is not so liable to be betrayed. It is true he may sometimes omit to call for medical testimony where, as he thinks, the circumstantial evidence is sufficient to show that death has been purely the result of natural causes, or of mere accident; but, if an intelligent man, he would rarely assume such to have been the case on his own opinion in instances where medical testimony is necessary to establish the fact.

To adduce an example by way of illustration, a man is seen by several persons to fall into the water, and is drowned. The testimony is positive, and to establish the fact of accidental drowning, no other testimony is required, the Jury may at once return a verdict of accidental death. But if the individual is not seen to fall into the water, but the body is found in the water, medical testimony then becomes requisite to show whether there were any marks of violence or other circumstances connected with the state of the body from which it may be inferred that the cause of death has been otherwise than accidental; and the Coroner, if he knows his duty, will not neglect to call for such testimony.

The following case has recently come under the notice of the Magistrates for the county of Worcester, in their usual investigation of the Coroner's charges:—An old woman, aged 86, had died in the presence of her family; no medical man had been called in. The advanced age of the woman was however to be considered, and the Committee of Magistrates therefore were of opinion that some explanation was required. The Coroner informed the Court that the subject of the inquest had been hale and hearty up to the day previous to her decease, when she complained of a slight indisposition; she took some trifling remedy and went to bed. In the morning she was found dead in her bed by one of her grandchildren. If that was not a case requiring investigation he did not know what was. The Committee demurred to the inquest because no medical man had been examined, and consequently the object of the enquiry had not been attained. To this the Coroner replied that the expense of medical evi-

dence was very great, as a *post-mortem* examination would have had to be made; and since the other evidence did not appear to warrant it, he did not consider it necessary. The Court overruled his objection as to expense.

It is evident that the Coroner in this case had neglected to procure the only evidence which could establish whether the subject of the inquest had died a natural death. If at her age sudden death were necessarily natural death, no inquest should have been held; if the inquiry was necessary at all, medical testimony was indispensable. The Magistrates were, consequently, perfectly justified in their objection to this portion of the Coroner's cravings, and his plea of expense was frivolous, and very properly overruled.

Another case was also brought before the same Court, which bears on the duties of the Coroner, and the circumstances under which inquests may become requisite:—A man had died from apoplexy, after a medical gentleman had attended him two or three times; the Committee of Magistrates did not consider that any necessity existed for the holding of an inquest in this case. The Coroner explained that in the case referred to he had, on the information given him by the constable, declined to hold any inquest; but that he had gone to the place, as he considered it his duty to do in all such cases, and made inquiries, when he learnt that some charge of neglect existed against the medical gentleman who had been called in, and who was a parochial officer. He had, therefore, under those circumstances, considered it necessary to hold an inquest. This was considered satisfactory by the Court.

The principle which appears to have guided the magistrates in each of these cases was a correct one. Both were probably natural deaths. In the one the inquest was presumed by them to be unnecessary, as death occurred in the course of an illness in which a medical practitioner was in attendance; in the other, in which no medical man had seen the case, the propriety of the inquest was not questioned, but the objects of the inquiry were held not to have been attained, because medical testimony was not had recourse to. In both instances we perceive the magistrates taking a just view of the duties and responsibilities of the Coroner, and recognizing the true *status* of the medical profession as the only genuine authority in the investigation of cases of this description.

GLOUCESTERSHIRE MEDICAL AND SURGICAL ASSOCIATION: PETITION FOR A SUPPLEMENTAL CHARTER TO THE ROYAL COLLEGE OF SURGEONS.

TO THE QUEEN'S MOST EXCELLENT MAJESTY.

May it please your Majesty,—

We, the President and Council of "The Gloucestershire Medical and Surgical Association," humbly desire to approach your Majesty with a statement of certain grievances under which the majority of our body, being Members of the Royal College of Surgeons of England, are labouring, by reason of recent changes in the constitution of the said College.

In the month of September, in the year of our Lord 1843, your Majesty was graciously pleased to grant to the body politic, then called the Royal College of Surgeons, in London, a certain charter, or letter patent, embodying several important changes in the government, and in the powers and privileges of the said College.

Among the numerous objects embraced by the said Charter, it was declared therein to be your Majesty's gracious intention to create a new class of members of the said College, to be called "Fellows," to which should be entrusted the power of electing the Council in future; and it was further declared that the creation of such new class was intended to serve the purpose of more effectually promoting the study and practice of surgery, by affording a mark of distinction to such members of the College as might be considered worthy of the honour.

Accordingly the Council, or governing body of the College, was empowered by the said Charter to nominate, within three calendar months from the date thereof, a number of the members, not less than two hundred and fifty, nor exceeding three hundred, to the Fellowship; and also at any time after the expiration of the said three calendar months, and before the expiration of one year from the said date, to appoint any other member or members of the College, as they should think fit, to the same dignity, none being afterwards eligible without undergoing a special examination.

It was further provided by the said Charter that the Fellows alone should be thereafter eligible to the Council, to the exclusion of the other members of the College, who previously enjoyed the privilege of such eligibility, subject to certain restrictions, and that the said Fellows should be eligible to the Council according to their seniority in the nomination list.

In the administration of the powers thus entrusted to them, your Memorialists humbly submit to the notice of your Majesty, that the Council of the College adopted no intelligible principle of selection, and that they elevated to the new dignity a number of persons whose claim to such distinction is by no means apparent, entirely overlooking the relative age, education, or professional attainments of the parties, thus inflicting the grossest injustice upon the other members of the College, and defeating, as far as it was possible, your Majesty's laudable and gracious purpose of affording a stimulus to professional exertion, and by that means improving the practice of surgery in this country.

It would be impossible to exaggerate the feeling of dissatisfaction to which the conduct of the Council on

this occasion has given rise among all classes of the medical profession; but there was reason to hope that during the discussion of a measure lately contemplated by your Majesty's Government, for the better regulation of the Profession of Medicine and Surgery, the injustice perpetrated by the Council of the College of Surgeons, would have received the attention of the Legislature, and some means have been devised to remedy the evil.

The circumstance of your Majesty's Right Honorable Secretary of State for the Home Department having declared his intention to abandon the said measure, has entirely disappointed their hopes, and your Memorialists have, therefore, no alternative but most humbly to beseech your Majesty to grant to the College of Surgeons such a Supplemental Charter as shall, as far as possible, rectify the injustice alluded to, and with all submission, to offer to your Majesty's notice a few suggestions relative to such Supplemental Charter as would, in the opinion of your Memorialists, tend greatly to remove the unpleasant feeling at present pervading the divided ranks of the said College, and impairing its utility.

1st. That the Council be, in the full meaning of the term, a representative body, and that to this end every member of the College, after ten years possession of its diploma, and being of unblemished character, be allowed to vote in the election of the Council.

2nd. That the Fellowship for the future be conferred upon the members upon just and intelligible principles.

3rd. That all members of the College who have been in possession of their diplomas ten years anterior to the Charter of 1843 be admitted to the Fellowship by the right of seniority. That gentlemen in possession of the diploma of the College when the Charter of 1843 was granted, of a less period than ten years, be made Fellows in succession on their attaining the term of ten years' membership, but that in all cases it be necessary that the members produce testimonials of character from ten members or Fellows of the county or neighbourhood in which they reside, or have resided, and likewise that they neither vend medicines, nor make the supply of such the means of professional remuneration.

4th. That members of the College admitted since the Charter was granted may obtain the Fellowship by examination only, or this honor may be conferred at the discretion of the Council, as a reward for professional eminence.

5th. That the practice of the obstetric art shall not disqualify any Fellow from being elected upon the Council.

6th. That all Fellows of forty years of age, and upwards, shall be, and, so long as they continue Fellows of the College, shall remain, eligible to a seat at the Council Board.

Your Memorialists humbly pray that your Majesty will be graciously pleased to take into your Royal consideration the case of the members of the Royal College of Surgeons of England, and to grant to the said College a Supplemental Charter, embracing the topics which in the foregoing suggestions your Memorialists beg leave most respectfully to submit to your Royal consideration and approval.

And your Memorialists, as in duty bound, will ever pray, &c.

Signed on behalf of the Council and members of the Gloucestershire Medical and Surgical Association.

(Signed.) { P. T. DICK, M.D., President.
 { J. W. WILTON, Hon. Secretary.

Dated this 4th day of March, 1846.

ROYAL ACADEMY OF MEDICINE, PARIS.

REPORT ON THE PLAGUE.

The Royal Academy of Medicine has received an important report on the plague. A committee of eleven members had been appointed, composed of MM. Frus, President; Ferrus, Begin, Dubois, Adelon, Dupuis, Londe, Melier, Pariset, Royer Collard, and Poiseuille. The following are the conclusions at which the committee has arrived:—

"1. That plague has been seen to arise spontaneously, not only in Egypt, in Syria, and in Turkey, but likewise in a great many other countries of Asia, Africa, and Europe.

"2. In every country in which the plague has been observed to arise spontaneously, its development may with reason be attributed to determinate causes acting on a great portion of the population. These causes are, particularly, dwelling on alluvial soils, or on marshy lands near the Mediterranean sea, or near certain rivers, such as the Nile, the Euphrates, and the Danube; low, badly aired houses; a warm and moist air; the action of animal and vegetable matter in putrefaction; unwholesome and insufficient food; and great physical and moral suffering.

"3. All these causes being united every year in Lower Egypt, the plague is endemic in that country, where, almost every year, it is seen under the sporadic form, and every ten years under the epidemic form.

"4. The absence in ancient Egypt of every pestilential epidemic during the long space of time that an enlightened and vigilant administration, and a good sanitary police, had contended victoriously against the causes productive of the plague, justifies a hope that the employment of the same means would be productive of the same results.

"5. The state of Syria, of Turkey, of the regency of Tripoli, of that of Tunis, and of the empire of Morocco, being nearly the same at the period when the epidemic of the plague has shown itself spontaneously, nothing authorizes a belief that similar epidemics should not again appear there.

"6. The spontaneous plague appears not to be apprehended for Algeria, because, on the one hand, the Arabs and the Kabyles living, the one under a tent, and the others in places situated either on the summit or on the side of a rock, cannot engender disease; and, on the other hand, because the draining of several tracts of marshy land, and the truly remarkable improvement introduced in the organization of the police in the small number of towns existing, appear to afford a sufficient guarantee against the spontaneous development of the plague.

"7. The progress of civilization, and a general and constant application of the laws respecting good health, can alone supply us with the means of preventing the development of spontaneous plague.

"8. When the plague has raged with violence in Africa, in Asia, and in Europe, it has always shown itself with the principal characters of epidemic maladies.

"9. The sporadic plague differs from the epidemic plague, not only on account of the small number of persons attacked with the malady, but particularly because it does not present the character belonging to epidemic maladies.

"10. The plague is propagated in the same manner as most other epidemic maladies, that is to say, by the air, and independently of the influence which persons attacked with the plague may exercise.

"11. The inoculation of the blood drawn from the veins of a person affected with the plague, or of the matter of a pestilential bubo, has furnished but equivocal results. The inoculation of the serous matter drawn from a gangrened ulcer of a person suffering under the plague has never given the plague; it is not, therefore, true that the plague can be transmitted by inoculation.

"12. An attentive and strict examination of the facts contained in scientific works establishes, on the one hand, that in the focus of the epidemic the immediate contact of thousands of pestiferous subjects has remained without danger to those who have suffered it with free air or in well ventilated places; and, on the other hand, that no strict observation demonstrates that the plague can be communicated by contact alone with the diseased.

"13. Numerous facts prove that the clothes which have been worn by infected persons, when made use of by other persons, have not communicated the disease, although they had not undergone any kind of purification.

"14. That the conveyance of the plague by means of merchandise, in countries where the plague is endemic or epidemic, has been in no way proved.

"15. That the plague may be conveyed into epidemic places by the vapours which the infected exhale.

"16. That it is an incontestable fact that the plague may be conveyed out of epidemic localities, be it on board vessels at sea, or in the lazarettos of Europe.

"17. Nothing proves that the pest is transmissible out of epidemic places by the immediate contact of the infected.

"18. It is not proved that the plague is transmissible out of epidemic places by clothes which have been used by infected persons.

"19. It is in nowise proved that merchandise can convey the plague out of epidemic places.

"20. The distinction made in our lazarettos between susceptible and non-susceptible objects, does not rest upon any fact, or upon any experience deserving of confidence.

"21. The study of the means by the aid of which it is sought to destroy the pestilential principle supposed to be contained in clothes or merchandise, is, and ever will be, wholly without its object, so long as the presence of the principle is not proved.

"22. The plague may be transmitted out of epidemic localities by means of miasmatic infection—that is to say, by the air being charged with pestilential vapours.

"23. That the plague is more or less transmissible, according to the intensity of the epidemic; according as it may be in its first, second, or third stage; and,

lastly, according to the organic dispositions of the individuals submitted to the action of the pestilential vapours.

"24. That infected persons, by rendering the air of the localities in which they reside unwholesome, may create a focus of pestilential infection capable of transmitting the disease.

"25. That such places may retain the infection after the infected persons have been removed.

"26. That the infection, once established on board a vessel by the presence of one or more infected persons, may be conveyed to great distances.

"27. That the moving centres of infection cannot become the cause of secondary centres, and consequently of an extensive propagation of the malady, except when they encounter, in the countries to which they are transported, the necessary conditions to the development of the plague.

"28. That the usual period of the incubation of the plague is from three to five days; that the length of the incubation appears never to have exceeded eight days.

THE SOCIETY OF APOTHECARIES: NOTICE FOR THE SUPPRESSION OF ILLEGAL PRACTICE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I was this day agreeably surprised at discovering in the "*Times*" an advertisement from the Apothecaries' Society, to its Licentiates, assuring them of its determination, upon notice, to protect its members and the public against the but too wide spread and spreading evil of quacks and quackery. This, Sir, savours of the right thing, and is another I am happy to see, of the many indications lately furnished us *by this body*, of its earnestness to watch over and protect those, who by force of great mental, bodily, and pecuniary sacrifices, have fulfilled all the arduous requirements necessary to entitle them to the Society's diploma. I feel convinced in the absence of a more enlarged and comprehensive legal enactment, that the powers given by the Act of 1815; "*for the better regulating the practice of Apothecaries throughout England and Wales,*" will, if vigorously applied and followed up in a few instances, be found greatly to diminish the hitherto daring effrontery and pernicious consequences arising out of the present deplorable system of quackery, pursued in all its varied ramifications and multifarious shapes, and emanating from such an infinitude of sources. I speak my own private sentiments, and I venture to say, the sentiments of the great majority of my brother Licentiates, within the limits of the Act of 1815, when I say that I shall be but too glad to aid, either by my purse or otherwise, the efforts of the Apothecaries' Society in the suppression of this galling system, if such aid be required; for to be anything like effectual, for even the *enfeeblement* of this Hydra of mischief, it will undoubtedly demand the united efforts and fearless co-operation of both protectors and protected.

Then only let the Apothecaries' Society convince the profession that they are really in earnest; by

vigorously carrying out the spirit of their advertisement, and they will, under such circumstances, not only ensure the support, but the gratitude of the profession by their efforts. Hoping you may be enabled to find this a corner in the next number of the Journal, and that it may tend, however feebly, to convince the Society that the profession is and has been anxiously looking up to them for that protection, the materials for which the legislature of the country has provided them,

I am, Sir,

Your obedient Servant,
JUSTITIA.

Leigh, April 9, 1846.

TREATMENT OF CUTANEOUS DISEASES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have read Mr. Hunt's paper, in a late number of your Journal, with much pleasure, and hope that many of your readers will be induced to carry out his valuable suggestions on the treatment of chronic diseases of the skin.

In his criticism of my arrangement of cutaneous diseases he states, that by including in the class of *inflammations* some diseases "which are not always, nor generally, inflammatory," I have "fallen into an error which is liable to lead to mistakes in practice." Now, granting that the arrangement has its defects, I cannot conceive that there is much danger of the mistakes he refers to occurring even to the tyro in physic, for it must be the daily experience of every practitioner, that *mere* irritation simulates all forms of inflammation, yet he takes care not to deplete in such cases. But I still think that miliaria, impetigo, rupia, &c., are *rightly* associated with inflammatory diseases of the skin; and, though from their being often connected with debility or cachexy, they may not admit of active depletion, yet local blood-letting is frequently necessary, at the same time that a general tonic, or even stimulating treatment is followed.

I am, Sir,

Yours obediently,

S. A. R.

SUGAR IN URINE: MR. MOORE'S TEST.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

While examining a parcel of diabetic urine this morning, I took occasion to employ Trommer's and Mr. Moore's tests for sugar, according to the form laid down in Dr. Golding Bird's valuable work. Trommer's test gave the result anticipated. With Moore's I entirely failed, though I followed very exactly the directions. I should wish to know how far the test is considered a valid one in the profession, as perhaps some error may have been committed on my part.

Yours obediently,

B.

QUEEN'S COLLEGE, BIRMINGHAM.

The Reverend and Worshipful Chancellor Law, the Vice Principal, has taken up his residence in College, in order personally to superintend the proposed extended system of Collegiate Medical and Surgical Education. The reverend gentleman has offered to the resident students the following munificent prizes, viz.:—£50 to the student who may carry off four medals; £30, three medals; £7, two medals; £5, one medal. The Dean of the Faculty, William Sands Cox, Esq., has also gone into residence to assist the Council in carrying out the important arrangements.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, April 2nd.—James Wright, East Bridgeford; George Holland, Stickney; Thomas Alfred Blomfield; Phillip Pitt Nind, India; Wm. Bourne, Derbyshire; Frederick Septimus Tate, Portsmouth; Horace Henry Button, Eisleham; Francis Drake Walrond Wheaton, Devonshire; Edwd. Cousins, Edmonton.

BOOKS RECEIVED.

Medical Notes on China. By John Wilson, M.D., F.R.S., F.S.S., Inspector of Naval Hospitals and Fleets. London: Churchill, 1846. 8vo. pp. 267.

The Medical Police of the United Kingdom. (From the *Westminster Review* for March, 1846.) 8vo. pp. 35.

A Manual of Physiology, including Physiological Anatomy, for the Use of the Medical Student. By William B. Carpenter, M.D., F.R.S., Fullerian Professor of Physiology in the Royal Institution, &c. &c. London: Churchill. 1846. Foolscep 8vo., pp. 582. Numerous Illustrations.

Address of the Committee of the Society for the Diffusion of Useful Knowledge. London: Charles Knight. 1846. 8vo., pp. 20.

OBITUARY.

Died, March 24th, after a protracted illness, Thomas Martin, Esq., Surgeon, Horsham. He was one of the early members of the Provincial Association.

April 1st, aged 39, George Bernard Corfe, Esq., Surgeon, Coroner for Southampton.

April 2nd, at Dublin, George Green, Esq., M.D., Queen's Professor of the Practice of Medicine.

April 7th, Rice Wynne, Esq., Surgeon, Shrewsbury. A member and one of the Council of the Provincial Medical and Surgical Association.

TO CORRESPONDENTS.

Communications have been received from Investigator; Mr. Worthington; S. A. R.; The Birmingham Pathological Society; Mr. A. Taylor; Dr. W. H. Cullen; and Mr. R. Ley.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Sqh.

JUST PUBLISHED, VOL. II., NEW SERIES.

THE TRANSACTIONS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO; SHERWOOD, GILBERT, AND PIPER, PATERNOSTER ROW;
AND DEIGHTON, WORCESTER.

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- II.—Retrospect of Anatomy and Physiology, for the year 1843-4; delivered at the Twelfth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Northampton, on Wednesday and Thursday, August 7th and 8th, 1844. By WILLIAM BUDD, M.D., Edin.; Physician to St. Peter's Hospital, Bristol.
- III.—The Varieties, Causes, Pathology, and Treatment, of the Inflammatory Affections of the Retina. By EDWARD OCTAVIUS HOCKEN, M.D., Physician to the Blenheim Street Infirmary and Free Dispensary, &c.
- IV.—An Essay, Literary and Practical, on Inversio Uteri. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c. (*With Plates and Wood-Cuts.*)
- V.—Case of Congenital Malformation of the Urinary Organs; read at the Anniversary Meeting of the "Provincial Medical and Surgical Association," at Northampton, Thursday, August 8th, 1844. By HENRY GILES, Esq. (*With a Plate*)

VOL. II.

- I.—The Retrospective Address, delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

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By order of the Master Wardens and Court of Assistants,
ROBERT B. UPTON, Clerk to the Society.
Apothecaries' Hall, 7th April, 1846.

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Tickets may be obtained from the Stewards, from the Secretary, or at the Freemasons' Tavern.

CHARLES R. WALSH, Secretary.

42, Half-Moon Street, Piccadilly.

April 9th, 1846.

TO THE MEDICAL PROFESSION AND THE PUBLIC.

THE STOMACH and ENEMA PUMPS, invented by J. READ, were first introduced to the Royal Colleges by the late Sir William Blizard, (Mr. Abernethy in the Chair,) and approved by the members as the best instruments ever offered to their notice, and sanctioned by the medical profession of this kingdom, the Continents of Europe, India, and America. *Vide New York Medical and Physical Journal*, edited by Drs. Beck and Pixotto, and the Life of Sir Astley Cooper. This distinguished patronage induced some unprincipled adventurers to palm upon the public spurious imitations of Read's Patent Instruments, which became known to him from the number of paltry instruments which are daily sent him from all parts of the kingdom, and frequently from India, to repair. But as some protection against this fraud, J. R. has instructions from the Honourable East India Company to place their mark in future on all his instruments sent to their presidencies. But in vain may a humble mechanician attempt to defend himself against such wholesale fraud, when instruments, with all their imperfections, are boldly and falsely advertised as "Read's Patent Syringes," which are manufactured only by himself, at 35, Regent Circus, Piccadilly, where they may be seen and proved.

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WEDNESDAY, APRIL 15, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY
ROBERT J. N. STREETEN, M.D.

1846.
No. 16, Vol. III.]

WEDNESDAY, APRIL 22, 1846.

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REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

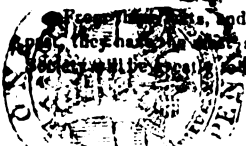
- I. That the number of New Policies issued within the past year has been **454**, and the Annual Premiums received thereon, **£9,183. 5s.**, exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to **£112,277** per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying **£4,551** within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of **£59,016. 18s. 10d.** has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From the above, and from the favourable Reports the Directors have been enabled to make for so many years, they have obtained SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantage of the Assured.

GEO. H. PINCKARD,
SECRETARY.

78. Great Russell Street, Bloomsbury, London,



PROVINCIAL
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AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

STATISTICAL AND PATHOLOGICAL OBSERVATIONS ON SOME ALTERED CONDITIONS OF THE LIVER.

By J. BLACK, M.D., Licentiate of the Royal College of Physicians, London, Senior Physician to the Union Hospital, Manchester.

(Read at the Manchester Medical Society, April 1, 1846.)

There is, perhaps, no organ in the human body which displays such varied appearances in bulk, weight, and colour, as does the liver, even outwardly; and assuredly there are none that, upon section, exhibit such special differences in colour, apparent arrangement of texture, and also in consistence, as this important organ does. These varieties are sometimes so distinctly marked, that the inexperienced necrotomist may be led to suppose he has fallen upon some new disease, and its consequent morbid alteration, on each occasion of his inspecting a fresh variety of physical form and appearances. Many of these changes, easily recognised by the eye of the artist, and manifest also to the discerning pathologist, may be declared to be within the limits of mere physiological change—the more prominent characters of which have been a good deal influenced by concomitant diseases, and the mode and crisis of death. These abnormal alterations, confined as they mostly, at first, are, to the vascular texture of the organ, and perfectly within the pale of recovery and rectification, if recognized during life, yet very gradually are found to merge into fixed and irrecoverable heterologous structure, as we may inferentially judge from the nature and results of such morbid actions in other organs of the body, as well as in the liver.

In the absence of special deposits, these changes obtain primarily in the different classes of blood-vessels, in biliary ducts, or in what are called the *acini* or *lobuli*—the seat of the biliary apparatus; or the change may occur even in the hepatic cells themselves, of which these so termed *lobuli* are composed. It is not often easy to meet with a liver that may be considered a perfect type of a truly healthy and normal one, as it exists in the living human body, as the great vascularity of the organ makes it very liable to oscillatory movements, and to various states of repletion of its sanguineous fluids—from its near proximity to the stomach and intestines, whence it directly draws a great deal of its supply, and from the organ itself being easily influenced by any stasis or remora between it and the heart and great caval veins. We have, therefore, on *post-mortem* inspections, a variety of well marked appearances, simply depending on *hyperæmia*, or

anæmia, in the respective classes of vessels—the repletion affecting the hepatic veins and *anæmia* the portal capillaries in one instance, while in another case the converse may be observed, though more rarely. There may be also vascular turgescence or *anæmia* in both in comparison with the lobuli; while these last, or the whitish part, maybe atrophied or unduly developed, as we find in the livers of those whose digestive organs have been well supplied with stimulating food and drink.

To discriminate more correctly the initial morbid changes in the liver, the anatomy and physiology of the organ require to be more intimately studied and known than they have yet been. Though much research has of late years been directed to these important objects, yet the exact mode of coalescence or anastomosis between the extremities of the portal vein and of the hepatic artery, is not yet quite agreed upon, or how far they both or each independently contribute to the biliary secretion; and, moreover, how this secretion is performed, whether always in ducts, as the urine is in the kidneys, or by the conveyance through, or transmission of cells, from the centres of the lobuli to their peripheries, there to be deposited in the biliary ducts.

All these recondite and very interesting objects, with some others relating to the function of the liver, yet remain to challenge the investigation of the microscopist and anatomist, so that we may be more enabled to discriminate diseases, and to propound more soundly our therapeutic indications.

The various appearances and conditions of the liver to which we have adverted, though recognized by several pathologists during their casual and relative observations on hepatic diseases, were of late considered by me as worthy of statistical attention, to ascertain in what proportions their more general alterations might exist in the course of my observations, for nearly the period of twelve months, at the Union Hospital.

These observations at first were instituted principally with the view of determining the average number of *margared* or fatty livers that occur on inspection of those who die with phthisis, in order to form some comparison with the statistical results of Louis on this subject. I, moreover, perceived that some other alterations in this organ might as well be noted during the course of our researches and consecutive inspections, as they appeared interesting and of pathological importance. In this class of additional observations, the average weight of the organ was ascertained—its outward appearance, colour, and shape, were noted in each case,

and on section the colour and consistence were likewise tabulated, and especially that class of blood-vessels in which *hyperæmia* or *anæmia* was most observable, along with the degree of development or aggregation of the biliary lobuli. In most, and, I may say, in nearly all the instances, portions of sections of the liver were submitted to the microscope to verify the condition of the cells, whether they were normal, more or less hypertrophied, diffuent, or dissolved, and in what apparent proportion the oil ovules existed, and if these appeared in any the least undue proportion, a certain weight of the liver was forthwith submitted to analysis, to separate and ascertain the percentage of the margarine in the whole organ.

Fifty cases were thus examined successively, with occasional intermissions, and tabulated, along with any morbid appearances or alterations that were remarked in the associated organs, or more distant parts of the body; but as these, except those in the lungs, have little connection with the object of this paper, they will at present receive no farther notice.

As my observations are therefore limited to these fifty cases, this review will not be disturbed by what has been previously observed, or on other occasions remarked by me in the same field; nor will much reference be made to what has been observed by Drs. Farre, Baillie, Andral, Louis, Hope, and lately by Dr. Budd, on the same subject.

It may well be supposed that out of the number of instances thus examined, many livers would be found, if not healthy, at least within the pale of what we may term normal oscillation, and so they were. When we also take into consideration the circumstances in which many of the persons examined had lived during the latter periods of their lives, we may also predicate that not many of the livers would be found greatly engorged, phlogosed, nor much hypertrophied, and so it was. No case of truly inflamed nor suppurated liver came under notice, and only one case of malignant disease, namely, cancerous tubera; though hydatids and scrofulous tubercles imbedded beneath the surface of the organ have been at times observed.

Several anomalous conditions and diseases of the gall-bladder and its contents have been also remarked—such as extreme distension of its cavity, entire collapse or obliteration of it, thickening of its coats, and also calculi of biliary matter, as well as some large ones of cholesterine.

I may also mention, that in the livers of several females we had occasion to remark the effects of pressure, long continued by the ribs on the upper and dextral surface of the organ, from the deep and parallel sulci or grooves imprinted on it—showing, that in the lowest condition of life, a straight and compressed waist does not cease to be an object of desire and perseverance to obtain, if we may judge from the effects produced.

I shall now proceed to give a synopsis of the observations made on these fifty instances of inspections of the liver, in reference to *sex*, *age*, *weight* of the organ; its *vascular* and *glandular condition*; and, lastly, the *fatty degeneration*, or what I would call *margarosis* of the liver.

1st. As to *sex*—of the fifty instances enumerated, twenty-three were males and twenty-seven were

females. How far these proportions represent the near ratios in which deaths or necropsies of the sexes take place at the Hospital, I cannot, at present, say—they are only those which I had the opportunity or time, without selection, to examine.

2nd. *Age*.—The average age of the whole cases was 37.4 year; the youngest, a male, was fifteen years of age; and the oldest, a female, was seventy-five.

3rd. *Weight*.—The average weight of the liver was found to be 3 lbs. 11 oz. 4 drs., averdupois; the maximum in one case, a female, amounted to 7 lbs. 12 oz., while the minimum was as low as 2 lbs., in another female, aged forty-four years.

There is no organ in the body which presents such variety in weight and bulk as the liver, even when there is no change in it of a truly morbid or organic nature. The supply of food, the nature of employment, the circumstances during life, along with the powers or voracity of the absorbing and assimilating functions, greatly influence the size and development of this important gland in all its textures. The weight of the liver is, besides, not always correspondent to its size. Firm livers, with much interstitial and albuminous deposit, as in some cases of granulated or cirrhotic liver, are weighty in proportion to their bulk; while others, affected with much *margarosis*, are light in comparison with their size. Indeed, from the relative specific gravities, a fair conclusion may be deduced of the amount of fatty or oily matter existing in the organ, as has been ingeniously done in many instances by Dr. Francis, to whom I owe several obligations for his aid in these and similar researches. I have found, in one instance of this adventitious deposit, that sections of it had, from their buoyancy in water, nearly the same specific gravity as that fluid.

4th. The *Vascular Conditions*.—In remarking on these several conditions of the liver, it is necessary to advert to the more minute structure of the organ, as it, of late years, has been described by Dr. Kiernan and Mr. Bowman, and which has been verified by other observers. Keeping in view, then, that the capillaries of the portal vein and hepatic artery with the biliary ducts, are distributed around and through a variable space of the exterior part of the area, of what are called the *lobuli* or *acini*, and that the capillaries of the hepatic vein are distributed in the interior part, and converge to a central vein, we shall be enabled to appreciate the *plus* and *minus* states of these separate classes of vessels. It is needful, also, to advert to the hepatic cells, which are placed in the inter-capillary area of all these vessels, which, moreover, have a more or less free anastomosis with each other through the intermediate area of this cellular structure. The cells themselves are in form irregularly spherical and oblong; they seem to have no visible envelope, and though Mr. Bowman has figured a distinct *nucleus* and a *nucleolus* in each, I have not often been able to see them, but generally granules and oil ovules, with a power of 160 diameters. These cells have been observed in several of the cases examined, from either poverty or cachexia of the blood, to become diffuse, lose their definite outline, or to be entirely broken down. At other times they have appeared more firm, and, as it were, hypertrophied. This hypertrophy, in one case, seemed to have been the initial stage of tuberculous deposit, which became developed into all the features

of occult carcinoma. In another case the hypertrophy seemed the basis of organic granulation.

Having thus such elemental structures all combined together, we may easily see how repletion or hypertrophy in one or more of them may be attended or compensated by *anæmia* or atrophy in another. Thus we may have hyperæmia in the central vein connected with the hepatic—giving an undue extension to the vascular redness of the interior of the lobuli, while the portal capillaries are exanguine, and the peripheries of the lobuli pressed together, and this happens more frequently where there has been any obstruction to the circulation in the large caval veins, or in right side of the heart.

Again, hyperæmia has been observed but less frequently, in the inter-lobular or portal capillaries, while the intra-lobular or hepatic ones have been *anæmiated*—giving a more diffused redness to the organ on section, and by compression of the white part of the lobuli into beadlike lines and curves, an appearance arises somewhat similar to the wavy mixture of colour in a section of a nutmeg. This repleted state of the portal capillaries is generally owing to either a too great fulness or nutrition in the portal system, and undue *vis a tergo*, or else to obstruction in the glandular lobuli themselves. This hyperæmia even prevails so far as almost to render invisible, with the naked eye, the central or hepatic vein; but when seen it is only in the form of a *punctum*, which was not recognized by Dr. Hope in these cases, as the empty and compressed central vein.

An exaggeration or chronic state of this relative hyperæmia seems to tend to organic and fixed change—giving rise to the effusion of interstitial lymph, and condensation of the once elastic lobuli, from which results that permanent change, commonly called nutmeg-liver. This change has by some been reckoned a distinct disease, by others an hypertrophy of the white substance. In its advanced stage, it certainly has the appearance of something special about it, but its initial condition seems to consist only of a want of balance between the powers and contents of the afferent and efferent vessels. In reports of myristicated liver, it would be desirable, in many instances, if observers would simply state the relative appearances, instead of using an arbitrary term, which has so little definite meaning with many.

The proportions in which these two species of hyperæmia were found to obtain to each other, in well marked characters, were sixteen of hyperæmia of the central and hepatic vein and its capillaries to ten cases of a similar condition in the interlobular or portal capillaries, making twenty-six cases out of the fifty; the remaining twenty-four exhibiting either a normal condition of both classes of vessels, or some other more notable alteration of the organ.

Glandular Condition of the Liver.—Independently of the vascular state of the respective blood-vessels of the organ to which I have adverted, it appeared, during the progress of these researches, that the cell-structure also underwent several alterations. In the majority, the biliary cells appeared of uniform size and development, being filled with granules, and generally with a few minute oil ovules. In a few others, however, the cells were not so easily recognised, they appeared more diffuent, and, as it were, dissolved down—owing either to a want of tonicities in the organ during life, or to

speedy metamorphosis after death. Indeed, if good inspections of the hepatic cells be wanted, they should be submitted to the microscope, as soon after death as possible, as I have found that they soon lose their defined outline from early decomposition; for next to the kidney, and perhaps the brain, no organ sooner yields to innate resolution of its textures than the liver.

In two or three cases of what are called granulated or cirrhotic liver, I found that hypertrophy of the lobuli seemed to be the initial stage of these alterations, along with the atrophy of the vascular apparatus. Bouillaud, with whom Dr. Hope agrees, believes also that the granulations are not a new or accidental tissue; and certainly, as far as the microscope reveals, the same aspect and texture are observed in them as in healthy liver, only there seems to be an exaggeration of the cell-structure. In the advanced stages of declared cirrhosis, there seems to be an augmentation of granular matter, with less definiteness of the respective cells, and this probably may arise from an adventitious deposit of albumen leading to impaction of the secretory elements—and so more or less to obstruction of the sanguineous circulation, by which those serous effusions into the abdomen are promoted, which we see so often to attend these conditions of the liver.

To illustrate the foregoing *vascular* and *glandular* conditions, several correct coloured drawings, taken immediately after section, were exhibited, but which the nature of the Journal will not admit of publication along with the paper.

(To be continued.)

CASE OF SANGUINEOUS APOPLEXY IN A CHILD.

By W. C. WORTHINGTON, Esq., F.R.C.S., Senior Surgeon to the Lowestoft Infirmary.

Acute primary apoplexy in children is considered an unfrequent occurrence. The majority of authors state the period between 40 and 70 as that in which it is most common. M. Rochoux found in sixty-three cases, attended with extravasation of blood into the substance of the brain, that two only were between 20 and 30, the remainder from 30 to 80 years of age. Dr. Copland, in his "Dictionary of Practical Medicine," states, never having met with true hæmorrhagic apoplexy at an earlier age than 18. Of the numerous cases recorded by Dr. Abercrombie, one only is said to have taken place at 18, and one at 9; the latter was considered remarkable from the period of life at which the affection took place. The appearances after death are thus described:—The lateral ventricles contained coagulated blood; that in the right, was the size of a large walnut, the other smaller; the third and fourth were also filled with blood in a firm state. The spinal cord was enveloped with a stratum of blood throughout its whole extent.

Rilliet and Barthez, whose attention has been especially directed to this subject, look upon cerebral and ventricular apoplexy as a rare disease among children, and when it does happen, as either accompanied or followed by symptoms altogether unusual at a more advanced age. It is seldom met with in an acute or

primary form, but shows itself among the closing days of existence, or in the progress of a disease mortal in itself. According to the experience of these authors, two distinct pathological conditions were recognized, designated by them, capillary apoplexy, and apoplexy with blood effused in layers. In the first, the brain, when cut horizontally, presented a multitude of points, scarcely the size of a very small pin's head, discoverable both in the white and grey matter. In the second form, coagulated blood was found spread upon the cerebral substance, or extravasated into the ventricle, assuming a laminated appearance. The masses of blood occupied more frequently the cerebrum than the cerebellum, and that commonly on the left side. These lesions were rarely single, but generally associated either with tubercles, meningitis, or some other organic disease of the brain.

CASE.—James Raven, aged 11, of a rather spare habit, was reported to have enjoyed a tolerably good state of health, and had never previously suffered from any cerebral affection. On Saturday, the 13th of December last, he had taken his breakfast as usual, and soon afterwards left his home in apparent good health for the purpose of keeping sheep. At ten o'clock a.m. he was found in a state approaching to insensibility, and only able to articulate very feebly, that he felt extremely ill. After being removed home, I found him with the following symptoms:—

Hands and feet of an icy coldness; pulse at the wrist scarcely perceptible; countenance pale and collapsed; complete insensibility; breathing stertorous; frothing at the mouth; the right pupil permanently dilated to its full extent, the left contracted to a pin's point; convulsions occurring at intervals of about every ten minutes, the paroxysms lasting three or four.

There appeared to be little doubt that the brain had sustained a severe shock, but as to its precise nature, an opinion was not ventured. The extreme depression of vital power, and evident sinking condition of the patient, forbade any kind of depletion; on the contrary, pediluvia, and mustard poultices to the region of the heart, &c., were promptly employed with a view, if possible, of inducing reaction. These means, however, failed, and death took place at eight o'clock the same evening, during a convulsion fit.

A report was circulated that the patient had perished from the combined influence of inanition and cold, in consequence of which an inquest was held on the body, and a *post-mortem* examination demanded.

Inspection.—*Chest:* Heart and lungs healthy.—*Abdomen:* The viscera generally presented also a healthy appearance; the stomach contained a large quantity of undigested raw turnip, without any admixture of other food; the small intestines were loaded with the same vegetable matter.—*Brain:* On removing the skull cap, the vessels ramifying upon the surface of the brain were more vascular than usual; the right ventricle was filled with extravasated blood, which had insinuated itself into the posterior cornu; the substance of the brain surrounding the ventricle was lacerated to a considerable extent; in all other respects it was perfectly healthy. The vessel from whence the hæmorrhage proceeded could not be satisfactorily traced.

Lowestoft, April 6, 1846.

ON DISEASES OF THE EYE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following papers are at your disposal, should you think them worthy of a corner in your valuable journal. It is hoped that they will serve to give definite and distinct ideas of the diagnostic marks characterising each disease, without distracting the mind by detail, and be thus not only useful to the student, but also serve readily to refresh the practitioner's memory amidst the hurry of business.

S. A. R.

CLASSIFICATION.

At the head of these papers I shall place the following list of diseases of the eye, feeling assured that it is of the utmost importance for clearness and correctness, to *tabulate* our knowledge. The usual three-fold division into—diseases of the eye itself—the eyelids—and the lachrymal organs—is followed; and the first of these is subdivided into—inflammation—its effects—and malignant disease.

TABLE OF CLASSIFICATION.

DIVISION I.

Diseases of the Eye itself.

Class.

I.—Inflammation. Ophthalmia.

1. Conjunctivitis.

a Catarrhal.

b Purulent.

a of Infants.

β of Adults.

γ Gonorrhœal.

c Pustular.

d Scrofulous.

e Eruptive.

a Rubeculous.

β Scarlatinous.

γ Erysipelatous.

δ Variolous.

2. Catarrho-rheumatic Ophthalmia.

3. Scleritis.

4. Corneitis.

5. Iritis.

6. Retinitis and Choroiditis.

7. Ophthalmitis.

II.—Effects of Inflammation.

1. Opacities and Specks on the Cornea.

a Nebula.

b Albugo.

c Leucoma.

2. Staphyloma.

3. Ulcer of the Cornea.

4. Onyx.

5. Hypopyon.

6. Synechia.

7. Prolapsus of the Iris.

8. Closure of the Pupil.

9. Hydrophthalmia.

a of the Chambers.

b of the Vitreous Humour.

c Subacrotic.

10. Cataract.

a True.

b False.

11. Glaucoma.
12. Amaurosis.
 - a Complete.
 - b Incomplete.

III.—Malignant Diseases.

1. Scirrhus.
2. Encephaloma.
3. Melanoma.

DIVISION II.

Diseases of the Eyelid.

1. Catarrhal Inflammation.
2. Psorophthalmia.
3. Sty.
4. Abscess, &c.
5. Encysted Tumour.
6. Ectropium.
7. Entropium.
8. Trichiasis.
 - a Distichiasis
9. Ptosis.
10. Paralysis of the Orbicular Muscle.
11. Granular Conjunctiva.
12. Concretion of the Eyelids.

DIVISION III.

Diseases of the Lachrymal Organs.

Gland—

1. Inflammation.
2. Indolent Scrofulous Enlargement.
3. Scirrhus.

Caruncula Lachrymalis—

1. Inflammation.
2. Ecanthis.

Lachrymal Sac—

1. Inflammation.
2. Obstruction of the Puncta and Canals.
3. Atony and Relaxation.

There is so much that is special in diseases of the eye, that their analogy with other diseases is not at first sight very evident, but it will be found that the same general principles of pathology preside over affections of the eye that regulate all other diseases. As tissues of all kinds exist in the eye, the study of the ophthalmia affords an interesting opportunity of acquiring a knowledge of inflammation in general. It is of the first importance accurately to discriminate the various forms of inflammation of the eye, for without a correct diagnosis, the treatment will probably be ill-directed, and vision consequently impaired, or entirely lost. Yet it must be borne in mind that all, or any number of the textures of the eye, may be *simultaneously* attacked; and many cases present *mixed* symptoms, and would confuse and bewilder the tyro, who trusted *too* exclusively to his nosology. In the study of disease, as in that of natural history, classification can serve *only* as a scaffold to assist us in acquiring a knowledge of its various parts; for nature knows no abrupt boundaries, she is never limited by definition, but loves liberty, and in all her works there is a most beautiful gradation, and almost insensible transition from one type to another.

(To be continued.)

CASE OF POISONING BY ACETATE OF LEAD.

By W. J. GORRINGE, Esq., Surgeon.

GASTRODYNIA AND VOMITING, FOLLOWING A POISONOUS DOSE OF ACETATE OF LEAD; SUPPRESSION OF MENSES: FAILURE OF HYDROCYANIC ACID, AND SUCCESS OF CREASOTE.

Mary B., aged 18, a servant, and her sister, aged 21, nearly twelve months ago, took an ounce of plumbi acetate by mistake; soon after swallowing it, felt a burning pain in the mouth, throat, and stomach; they both vomited freely in about a quarter of an hour; in half an hour had several pinchings in the bowels; saw a medical man, and took some medicine; they were severely purged. From this time she had not been free from pain at the epigastrium; her sister also has been troubled with pain in the same way ever since; about five weeks ago she began to vomit every thing she took, whether liquid or solid, and the vomiting has continued unabated ever since.

Present Symptoms.—Complains of pain in the left side, and at the epigastrium, and in the small of the back; the pain is much worse after eating, and she cannot retain anything on her stomach; the epigastrium is tender on pressure, and also the dorsal region of the spine; hot or cold drinks increase the pain; tepid drink agrees best; tongue clean and rather red; appetite bad; bowels confined; pulse 120; has choking sensation in the throat; pain and difficulty in passing urine; catamenia absent for fourteen months, until a month ago, when they appeared scantily.

Hirud. iv. epigastrio. R. Hydrarg. cum Creta, gr. iv.; Pulv. Antim. gr. j.; Extr. Hyoscyami, gr. iij. omni nocte. R. Acid. Hydrocyan., m. iij.; Aquæ, oz. j.; Potassæ Citrat., dr. ss.; Mucil. dr. j. M. Fiat haust. ter die bibendus.

16th. Pain in left hypochondrium increased; sickness not relieved.

Sumat Acid. Hydrocyan., m. iv., ter die. Hirud. xij. lateri sinistro.

18th. Pain and sickness increased.

Omitt. Med. R. Creasoti, m. ij., ter die vel pro re nata sumend.

19th. Has only had one dose of creasote, and has not been sick since; the pain at the epigastrium also is gone; pulse 100; bowels confined.

Olei Ricini, oz. ss., statim. Contin. Creasotum.

21st. Much better; no more sickness; pain at the epigastrium not returned since the use of the creasote.

Omitt. Creasotum. R. Acid. Nitr. Dil.; m. x.; Tinct. Calumb., dr. ss.; Aq. Cinnam., Aq. Font., utrq. oz. ss. Fiat haustus ter die sumendus. Beef tea daily.

25th. On the evening on which she first had this medicine and the beef tea, the pain in the epigastrium and side returned, but not the sickness.

Omit the medicine and the beef tea.

Empl. Canth. lateri sinistro. R. Acid. Hydrocyan., m. iij.; Sodæ Tartr., dr. ss.; Sodæ Biorat., gr. v.; Mist. Camphoræ, oz. iiss. Fiat haust. ter die sumendus.

28th. Pain in side better since the blister, but not at the epigastrium.

30th. Pain in stomach no better; sickness returned; pulse 96.

Empl. Canth. epigastr. Contin. haustus Acidi Hydrocyanici.

June 1st. Pain somewhat relieved, but vomited this morning; bowels confined; castor oil ordered yesterday, but made her sick.

R. Pil. Rhæi. Comp., Extr. Conii, utr. gr. iv.; Pil. Gambogiæ, gr. ij. Fiant pilula ij. omni nocte sumendæ. Contin. haustus Acidi Hydrocyanici.

7th. Still sick after every meal, and occasional pain in stomach.

R. Creasoti, m. j.; Acid. Hydrocyan., m. iij.; Tartr. Sodæ, dr. ss.; Mucil., dr. j.; Aq. Cinnam., oz. iss. Fiat haust. ter die sumendus.

8th. Since she has taken the creasote, there has been no vomiting, although she feels sick; has had only one dose yet; no return of pains.

15th. Feels much better; no vomiting since the 7th, nor pain.

18th. Quite well.

CASE OF PLACENTA PRÆVIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Many very interesting cases of placenta prævia have lately been published in the Provincial and other medical journals. These reports are of great value to the general practitioner, and equally so as regards the improvement of a disputed point in the practice of midwifery; and this being the case, every illustration of an important fact on the subject may be worthy of publication. The following case has occurred in my practice, which adds proof to the already acknowledged assertions.—First, that placenta prævia is apt to occur, not unfrequently, in the same individual; and, secondly, that the separation and expulsion of the afterbirth, previously to the child, is not of so dangerous a character to the mother as was formerly supposed.

Mrs. W., a woman of stout plethoric habit, was seized with a severe fit of coughing, which was followed by a discharge of blood from the uterus. I found her suffering from hæmorrhage to a very considerable extent. She did not expect to have a child for about a month. I ordered the usual remedies, with perfect quietude, the horizontal position, &c., and she rallied, but flooding continued to a trifling extent, occasionally, during the next month, about the expiration of which time I was sent for, being informed that she was then in labour. On arriving I found that the uterine contractions had commenced; the os uteri about the size of a crown piece, and easily dilatable; the afterbirth presented, and the hæmorrhage at that time inconsiderable; a very few pains expelled the placenta. On making an examination I found the head of the child presented, the flooding ceased, and in about ten minutes the child was born.

I have attended the same patient four times in labour; three times out of the four there has been, singularly enough, a placenta presentation; twice the placenta was expelled before the child, and once I delivered by turning, according to the old rule laid down in such cases. No subsequent hæmorrhage occurred in either instance.

I remain, Sir,

Yours, &c.,

R. LEY.

North Molton, April 12, 1846.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 22, 1846.

In making any advance towards the establishment of correct principles, or the attainment of a desirable object, of whatever nature, the first step is an important advantage gained. It is the breaking of the ground,—the indication of future progress; and however slow such progress may be, whatever vacillation there may be displayed throughout its course, there is little cause to fear that, by the combined efforts of many, the result will not ultimately be attained. The history of our medical institutions affords much material for reflection, in reference to this remark, and abundant illustration of its truth. However we may lament the weakness of its disjecta membra, and the incongruities which the polity of the profession now presents, there is no question but that medicine itself has made advance; its genuine professors are more highly qualified; its institutions, schools, colleges, and corporations, with all their imperfections, are more adapted to the state of knowledge and requirements of society, and the whole subject abounds in elements of a better system, which it requires only a master mind and a firm hand to reduce into order and arrangement. The foundations are laid—the materials are collected; it requires now to remove the unsightly remains of what is worn out and decaying, and to raise a really useful and harmonious superstructure.

The present Home Secretary, though he has failed in his attempt to raise such a superstructure, is, nevertheless, entitled to the gratitude of the profession for the attention which he has given to the question. Many valuable suggestions which will hereafter prove useful, may be drawn from his bills; and while much light has been thrown on various existing abuses, some useless prejudices which would have tended to impede the onward progress of genuine principles, have been cleared away. His measures, though abortive, thus have their utility in pointing out much that is to be avoided, as well as a portion of what is required in any future legislative enactment which time may call forth.

But though the Government has failed in producing a comprehensive measure which should regulate the entire constitution of the medical profession, there are other subjects connected with the advance of medical knowledge and the health of the community which have received encouragement both from the present and former governments, and which once taken up, must tend to the development of a better system altogether. It is impossible, for instance, that the intention of the registration of deaths can be accomplished

without the hearty co-operation of the members of the medical profession ; and not only must they be willing to aid in carrying out this desirable object, but every way competent. It is not the half-educated, careless, or routine practitioners, of the preceding generations, that can give the information required. Accordingly, the Registrar-General, in the instructions which he has issued, has not only pointed out the character of the information which is necessary, and requested that the returns be made by medical men in definite and intelligent terms, but he has expressly cautioned quacks, and other unqualified or incompetent persons, against furnishing such returns, at the same time requiring the registrars to distinguish, by appropriate marks, those returns which are genuine; and, further, those in which the opinion of the practitioner has been confirmed by *post-mortem* inspection.

From these instructions of the Registrar-General, it is evident that the necessity for the accuracy, the competence, and the co-operation of those from whom the information must come, is deeply felt. What is wanting, then, to ensure these requisites? Real qualification on the part of the individual medical practitioners, who are called upon to furnish the returns ; some power over them, by which they may be influenced (not compelled by fine, &c.,) to enter heartily into the duties required, and the exclusion of non-qualified persons from any interference. Now these are some among the principle requirements of the measure which is necessary to place our medical institutions and polity on a proper footing. To be beneficial to the community, and adequate to the purposes for which it is intended, a bill intended for the regulation of the practice of physics and surgery should, in the first instance, secure the attainment of the requisite amount of qualification which the medical practitioner ought to possess. It should also so regulate the several institutions of the profession, as to give every individual member an interest in promoting the welfare and upholding the character of that to which he may be attached. It should so connect these institutions with the Government, as to render them serviceable in the promotion of such objects of public usefulness as come within their special province. It should provide, that for all services officially rendered to the community under the requirement of public authorities, there should be such adequate remuneration granted as the nature of the service requires; and, lastly, it should carefully and rigorously distinguish between the qualified and the incompetent, giving to the former all those advantages to which their laborious compliance with state regulations in the acquirement of the necessary amount of knowledge entitles them, and inflicting upon the latter such summary fine or other punishment as shall be pre-

sumed sufficient to deter unprincipled persons from practising on the credulity of the ignorant and unwary, to the manifest danger of health and life.

A similar illustration might be derived from the contemplated provisions of the Health of Towns' Bill. In certain of the clauses of this bill it is proposed that medical officers of health shall be appointed, whose duties shall be to inspect and report on the sanitary condition of towns or districts ; to ascertain the existence of epidemics or other diseases increasing the rates of mortality ; to point out the existence of causes likely to originate and maintain such diseases, or otherwise to affect the health of the inhabitants ; to indicate the means of ventilation, and, generally, to give information on all points connected with Medical Police. All these duties require certain qualifications, which can only be effectively ensured by the adoption and enforcing of such regulations for the whole medical profession as shall give to it that consolidation and position to which its importance to the public, as well as the best interest of its own members, justly entitles it. The efficiency of the army and navy, in active service especially, must often greatly depend on the skill and knowledge in medical police, as well as in practical medicine and surgery, which the military medical officers possess. The medical relief of the sick poor, the dietaries and medical management of union hospitals and of prisons, the superintendence of factories, the investigation of the rates and laws of mortality, and now also, the improvement of the sanitary condition of the community generally, are all seen to depend upon the qualifications and general competency of the members of the medical profession for the important duties thus assigned to them by the government. Is it too much then to expect that the due regulation of that profession shall be made an immediate object of legislation ; that the qualification of its members shall be defined, their corporate rights placed on an equitable footing, their position ascertained, their interests regarded, and their just privileges secured to them.

BIRMINGHAM PATHOLOGICAL SOCIETY.

February 7th, 1846.

ALFRED HEELEY, Esq., in the Chair.

Mr. John Elkington presented a blighted fœtus, which was discovered on removing the placenta after the birth of a living child, four inches in length, very much compressed, being about two-eighths of an inch in thickness.

Mr. Elkington then presented a piece of invaginated intestine from near the termination of the ileum, near which was another invaginated portion, which escaped on being removed. The subject was eight months old, was cutting the lower incisors, was seized with vomiting, which continued about six hours,

when the child expired. The intestines were completely empty, from purgative medicine taken on the day before; in other respects they were perfectly healthy.

LARYNGITIS; BRONCHITIS: OPERATION OF
TRACHEOTOMY.

Mr. John Elkington brought before the Society a larynx, trachea, and bronchial tubes, in which the larynx was thickened and ulcerated, and lined with a tough layer of coagulable lymph, which was extended throughout the trachea and bronchial tubes to their minutest ramifications; and there was an incised wound, implicating the anterior part of the cricoid cartilage and two upper rings of the trachea, the result of the operation of tracheotomy, which had been performed during the life of the patient. He gave the following account of the case:—

Mrs. F. W., aged 26, in the ninth month of her pregnancy, had suffered from hoarseness for several months, attended with slight cough, and expectoration of mucus, occasionally tinged with blood. On the 6th of January, 1846, after having been up to a late hour, and exposed to the night air, she experienced an increase of the symptoms, the breathing became difficult, cough dry and croupy, and she was unable to speak except in a whisper. Eight leeches were applied to the throat, followed by a blister; moderate doses of calomel and tartarized antimony were administered, which produced considerable relief, and she continued to improve until the 16th, when after having been again exposed to the night air, after being up at a party, she again became much worse. The leeches and blister were repeated; the calomel and antimony treatment which had been discontinued two days was resumed.

In the evening of the 16th the symptoms became very urgent, the breathing extremely difficult, threatening immediate suffocation. Dr. Fletcher was called in, and with his sanction she was bled to thirty-five ounces; and ten grains of calomel, with one grain of tartarized antimony were administered, and repeated in doses of five grains of calomel, with one grain of the antimony, every four hours. The bleeding did not cause fainting, but was followed by considerable relief; the breathing became freer; the extreme restlessness and dread of suffocation ceased, except at intervals, when it returned with great violence, so that she was considered in extreme danger.

On Saturday morning, January 17th, the paroxysms became more violent, and returned at shorter intervals during the day. A sudden fatal termination was now anticipated; the operation of tracheotomy was suggested as the only chance of saving her life. Preparations were accordingly made, and the danger of suffocation being every moment more imminent, at eight p.m., it was determined to open the trachea. At this time inspiration was performed with the greatest difficulty, and might be heard at a considerable distance; the cough was dry and croupy; there was extreme restlessness, and fear of suffocation; the pulse upwards of 140 per minute; the countenance and extremities livid; respiration could not be heard in the chest. It had been previously decided, from the physical signs given by percussion and auscultation, that the disease was limited to the larynx and trachea, and that, consequently, tracheotomy offered a fair chance of relief.

The patient, being perfectly willing, was seated in a chair; the neck was found to be remarkably short, and the sternum projecting very forward, so that it was necessary to make the incision higher up than usual, the more readily to get at the trachea. An incision was made through the integuments, from the lower part of the thyroid cartilage to within an inch of the sternum; and again, by which the upper edge of the middle lobe of the thyroid gland was incised, through the crico-tracheal ligament and the two upper rings of the trachea, which was followed by a slight escape of air and considerable hæmorrhage from the highly congested veins, and from a small artery, which was secured with little difficulty. Some delay occurred in introducing the canula, the opening into the trachea not being exactly opposite the external incision. The introduction of the canula afforded instantaneous relief; air could be heard entering the lungs; the restlessness and fear of suffocation subsided; respiration became less frequent; the colour of the countenance and extremities improved; the presence of the canula was easily borne, and the patient expressed her thankfulness that the operation had been performed. She was constantly watched, as it was often necessary, to remove the frothy mucus from the canula, which, though inconsiderable, caused great uneasiness if allowed to remain.

In a short time the pulse had fallen from 140 to about 90; the patient was composed, and seemed inclined to sleep, but was prevented by slight pains in the back, and on examination of the abdomen during the pains, the uterus was found to be firmly contracted, indicating the approach of labour. The pains increased in power and frequency; on examination the os uteri was found to be dilated; presentation natural. During the progress of the labour she was able to lie in the usual position without difficulty, and was even cheerful, breathing the whole time through the canula; and at six a.m., on the 18th, was delivered of a dead child, which was much discoloured, the cuticle easily separating on parts of the body. There was no hæmorrhage; the uterus contracted firmly, and she felt quite comfortable; and on being placed in bed, slept nearly two hours, and continued to improve. During the day there was a frequent secretion of urine, and a copious evacuation of the bowels; the expectoration became less frothy, and the cough much less frequent, except on two occasions, when, after a paroxysm of difficulty of breathing, she expectorated a small portion of false membrane. She took a little thin arrowroot, and complained of being hungry, but feared to swallow.

On the morning of the 19th, she slept two hours; towards mid-day became restless; the breathing through the canula less free, having something of the dry croupy character, as before the operation; complained of pain in the throat and ears; the fauces appeared redder than natural; several particles of lymph were to be seen also; she complained of a sensation of a lump in the throat, below the canula. Another paroxysm of difficulty of breathing followed, and was again relieved by expectorating a piece of false membrane. She slept again a short time, but awoke extremely restless; the difficulty of breathing became constant; it was thought that the canula might be obstructed by the expectoration, another was procured, and preparations were made for changing it;

the breathing every minute became worse, the patient urging us to take something away, or she should be suffocated, constantly starting up in bed, and throwing herself about in a violent manner; the countenance and extremities became livid as before the operation; no air could be heard entering the lungs. At half-past three p.m., the canula was removed without any relief of symptoms, the aperture remaining perfectly open; it was not reintroduced; an attempt was made to enlarge the opening; a small vein was divided; a little blood entered the tube, which added to the difficulty, and at four o'clock, after a dreadful convulsion, she expired, forty-five hours after the operation, and twenty-eight hours after delivery.

On examination after death, the whole of the larynx trachea, and bronchial tubes, to their smallest ramifications, were found to be lined with a layer of tough false membrane, which was entire throughout, except at the back of the trachea opposite the opening, and a small portion at the base of the epiglottis. The mucous membrane beneath the layer of lymph was red and injected, and there were traces of ulceration in the larynx; the crico-tracheal ligament, and two upper rings of the trachea, were found to be divided with part of the middle lobe of the thyroid gland. The lungs were engorged with dark venous blood; in other respects they were quite healthy.

DISEASED MITRAL VALVE: HYPERTROPHY OF THE RIGHT VENTRICLE.

Mr. J. Russell, jun., presented a heart, in which there was extensive disease of the mitral valve, and gave the following particulars:—

The man was aged 36; he was a striker, (with a large hammer;) had never had rheumatism. He has had symptoms of heart-disease, chiefly some dyspnoea, for eight years. For the last three months the dyspnoea was extreme, and he could only breathe by placing himself on his knees and elbows, so that at last his elbows became quite sore. Before his death serum was effused universally and into the cavities. Dr. Fletcher examined him once, some time ago, and states that he then heard a rough bellows-sound, most intense in the situation of the aortic valves, accompanying the first sound of the heart, and very superficial; but the sound did not extend up the course of the aorta, he was therefore puzzled to form a diagnosis, but thought there was either disease of the aortic or mitral valves. From the position assumed by the man aneurism was expected. There was regurgitation into the veins of the neck.

On examination the veins were found very large; the lungs much condensed; no other disease excepting in the heart. All its cavities were distended with black blood, as were the veins and the aorta; to such an extent was the aorta loaded, that it was at first mistaken for the vena cava. Both the auricles were large, and their walls increased in strength; the superior vena cava was large; the right ventricle was dilated, and the walls were nearly double their healthy thickness; the left ventricle somewhat dilated, but not hypertrophied; the tricuspid and pulmonary valves healthy, excepting that the latter seemed even thinner than natural; the aortic valves were healthy, excepting that at the origin of those two which are connected with the flap of the mitral valve, there was a rim of firm half

cartilaginous matter. The mitral valve was diseased; the disease seemed to consist in a deposit of very firm almost cartilaginous matter at the free extremity of the flaps, extending to the tips of the columnæ carneæ, massing together the chordæ tendineæ, which might be seen emerging in a healthy state from the upper portion, and spreading on the valve, and by coalescing from each valve, reducing the orifice to such an extent as only to allow the tip of the little finger to pass through. The flap towards the septum, was quite healthy, glistening, and smooth, though thicker than usual; the other flap was more invaded by the disease, which might be felt terminating on it, by its thick edge; the flap was much shortened, but the chordæ were free, unlike those of the other flap, and quite healthy, though short. The lining membrane of the left auricle was opaque, but smooth, more particularly that of its outer wall. All the other cavities were quite healthy.

CARCINOMA OF THE RECTUM.

Dr. Fletcher exhibited a specimen of carcinomatous stricture of the rectum; and also a portion of the liver affected with carcinoma, taken from the same patient, a Mrs. Smith, a schoolmistress, who came under his care as a patient at the General Dispensary, on the 24th of January, 1846. She had been ill for some years, and had formerly suffered from cough and expectoration, and for the last three or four months from obstinate diarrhoea, resisting the usual remedies which had been tried in all their varieties. For the last week the bowels had become more confined, and vomiting had more recently come on. She was much emaciated; but on examining the abdomen the bowels were found much distended, and the colon could be traced by its great distention throughout its whole course; there was also an umbilical hernia, which was reducible by taxis. Upon examination of the rectum, by passing the finger per anum, it was found in a strictured and carcinomatous state; it was only possible to pass the point of the finger into the strictured portion, which was about two inches up the intestine. On the 28th the constipation had become complete; the bowels had not been open since the 26th, and the distention of the abdomen had increased, and the patient was suffering from great constitutional irritation. In the afternoon of the 29th delirium set in, and she became very restless, and she sank and died on the morning of the 30th. The operation of opening the descending colon had been proposed in this case, and no doubt would have been performed if the patient had lived a few days longer, and consented to it. From the state of the liver, the patient could not have been long saved by it.

On examination of the body, on the 1st of February, at seven a.m., the heart was found healthy; in the lungs there were cicatrices at the upper portions, and general adhesions of the pleura. Eight or ten nodules of carcinoma were found in the liver, varying from the size of a hazel nut to that of a large walnut; the pancreas and spleen were healthy; the stomach was healthy; the small intestines were distended, and the large intestines very much so down to about the upper part of the middle third of the rectum, where the distention ceased abruptly, and where the intestine was found hard and contracted. The disease occupied about the middle third of the rectum, where the coats were much and irregularly thickened, and the capacity

reduced, so as to admit with difficulty the little finger to be passed into it.

Dr. Fletcher said that the cause of the complete obstruction in this case, as in other cases of mechanical obstructions he had seen, was as much from the distention of the intestine above the contraction, causing a valvular closing, as from the contraction itself.

THE ROYAL COLLEGE OF SURGEONS: HUNTERIAN ORATION.

The subjoined extraordinary statement, relating to the proceedings of the Council of the Royal College of Surgeons on the Hunterian Oration, is taken from the *Times* newspaper. The statement is said to be published by request, but of whom it does not appear:—

“At a meeting of the Royal College of Surgeons of England, held on the 30th of March, the resolutions of the Council respecting the Hunterian Oration, adopted on February 26th, were rescinded by an unanimous vote. These resolutions, which were proposed without previous notice to the orator, and in his absence, and strongly opposed by some of the most judicious members of the Council, including the respected President, were carried by a small majority, and were confirmed on the 9th ult. by one still smaller, indeed by a bare majority. When the resolutions had been thus curiously confirmed, the Council determined to do what would have been more proper as a preliminary measure, namely, to ask the opinion of their solicitor on the legality of the proceedings. They soon learned from this gentleman that to propose and confirm resolutions without previous notice expressed in the summons convening the meetings, is contrary to the by-laws and ordinances of the College; that it is inconsistent with the rules of fair dealing, and with the established usages observed by public bodies of gentlemen, was already obvious. The Council were further informed by their legal adviser that the ordinances of the College have specially provided, in a Hunterian Committee, for the management of everything connected with the oration and festival; so that the matters to which the resolutions refer, should at least, in the first instance, have been brought before that body. It thus became necessary for the Council to retrace its steps. A retrograde movement of this kind is awkward and unpleasant; however desirable, it could hardly be expected that it should be executed with a particularly good grace. At the meeting of the 30th ult., the members who had proposed and voted for the resolutions, strongly insisted that they were not a vote of censure, stating that they would not have proposed them if they had suspected that they could be so considered, and that they had merely meant to express regret that a controversial subject should have been introduced into the oration. They stated further, that the resolutions, such as they were, would not have been brought forward if the oration and its prefatory advertisement had been published previously, and that they entirely concurred in the opinions of the orator, regretting only that they had been expressed on that particular occasion.

“In estimating the relative position of the orator and his colleagues, it is material to observe that Mr. Lawrence, who had already delivered the Hunterian

Oration, undertook it again at an unusually short notice, and under considerable inconvenience from its interfering with other avocations, at the request of members of the Council, who urged his compliance on the plea that it would be advantageous to the College, and would relieve the Council from a position of difficulty; in short, no one else would undertake the task. Perhaps it would have been more prudent if he had resisted instead of yielding to the flattering importunity.

“It may be doubted whether members of the Council will find, in what has happened on this occasion, much encouragement to undertake a duty for the performance of which they seem to have been previously not very eager. The publication of the oration may, however, serve as a beacon to future orators, pointing out the kind of discourse to be avoided in order to escape the risk of collegiate disapprobation.”

Selections, &c.

VARIOLA MODIFIED BY THE VACCINE.

A young man, aged 18, entered the *Hôpital La Charité*, September 21, 1845. He had been attacked on the 17th with symptoms of a febrile affection, which threatened to be of some severity, for which he was bled on the following day. On the morning of the 20th, the fourth day, appeared the first papulæ of variola; he was vaccinated the same day with dry vaccine matter, which had been preserved between two plates of glass, from twelve to fifteen punctures being made in each arm. On his entering the hospital a great number of variolous pustules had already appeared, scattered over the whole body, but principally on the face, without, however, being confluent. The fever was moderate; no trace of the vaccine was observed, with the exception of three or four small superficial puncture-marks, without either elevation or redness, on the right arm.

The variolous eruption followed its course without accident, rapidly running through its several phases. There was neither secondary fever, nor swelling of the face and extremities. From the sixth to the eighth day of eruption the pustules had already arrived at the period of desquamation. At this time, and until the 29th of September, the tenth day of the eruption, the traces of the vaccination had not altered; the punctures had not made the slightest progress. The arm was now no longer examined daily; desquamation went on regularly, the cicatrices being somewhat elevated, and assuming a papular form.

On the fifth of October the patient said that the vaccine seemed to have taken within the last five days, and on examining the right arm four vaccine vesicles, already almost dried up, were observed among the punctures, which were yet apparent. “There was no room for deception,” adds M. Tardieu, the reporter of the case; “in the midst of the small white elevated cicatrices, left by the variola, were these four pustules, from five to ten millimetres in size, one of them covered with a thick brown crust, the others with a liquid in part dried up, and all surrounded by a very narrow circular areola, of a vivid red colour, and without vaccine swelling.”—*Archives Générales de Médecine: Gazette Médicale*.

GLYCERINE.

Glycerine is a remedy recently proposed by Mr.

Startin, of the London Cutaneous Institution, as an application in certain cutaneous diseases, and a notice has been given of its employment by this gentleman, in a lecture on squamous eruptions, published in the *Medical Times*. A further account of the nature and properties of glycerine is given by Dr. Seller, in the *Northern Journal of Medicine*, of which the following is an abstract:—

Scheele observed, sixty or seventy years ago, that when litharge and oil are boiled together in a little water, a substance of a sweet taste separates, and remains dissolved in the water, the chief part of the oil uniting with the oxide of lead to produce diachylon or lead plaster. This is glycerine, and was so called by Chevreul from its sweetness. The travellers of the London wholesale drug houses are already exhibiting samples, and soliciting orders for it over the country. Its usefulness depends most probably on its property of resisting evaporation. Mr. Startin says that a common plate wetted with it may be kept in an oven, side by side with a joint of meat, till the meat is cooked, without any sensible diminution in the quantity of the liquid. Hence, when applied to the skin, it remains moist, forming a coating or varnish, not distinguishable from the ordinary secretion of the part. A lotion composed of half an ounce with ten ounces of water, effectually prevents the skin from becoming dry. When used pure, it makes the part stiff and uncomfortable, so it answers best diluted. It is also added with advantage to poultices, and even to baths.

Mr. Startin speaks of its use chiefly in psoriasis, pityriasis, lepra, and ichthyosis, in all of which it is said to produce excellent palliative effects.

Glycerine is an uncrystallisable transparent fluid, of the consistence of syrup, free from colour when perfectly pure, but usually of a yellowish tint, which may be removed by animal charcoal. It has no smell, the taste is sweet, not unpleasant; it is heavier than water, 1.250 to 1.280. It dissolves in water in almost every proportion; it is also soluble in alcohol, while it is wholly insoluble in ether. It attracts moisture from the atmosphere, and this it is probable is partly the cause of its never drying up when spread out thin. At an elevated temperature it boils, a part passing over unchanged, while the rest is converted into empyreumatic oils, acetic acid, and combustible gases, with a carbonaceous residue. When set on fire, it burns with a clear blue flame. It undergoes no alteration in the air, and cannot be made to ferment even by the addition of yeast. Nitric acid changes it with some difficulty into oxalic and formic acids; nitrate of mercury affords a strong white precipitate; with chlorine, glycerine forms a white flocculent solid; and with bromine, a dense oily liquid. Boiled with solutions of salts of copper, it throws down metallic copper. The diacetate of lead gives no precipitate; and with the aid of heat, glycerine dissolves the oxide of lead. With potash it forms a compound soluble in alcohol. By sulphuric acid it has been said to be converted, as in the instance of starch, into sugar; but the real effect is the production of an acid compound, the sulphoglyceric acid. This acid with bases affords salts, exhibiting some analogies with the sulpho-vinates.

Various methods for procuring glycerine have been suggested; it may be readily obtained from the residue of the process for making litharge plaster, and from the

refuse of the manufacture of soap, as glycerine does not enter into the composition of soaps.

In the original process by Scheele, by boiling litharge and oil with a little water, the water takes up the glycerine along with a portion of the oxide of lead. The oxide of lead may be got rid of by sulphuretted hydrogen, and the water in part by evaporation; or, if it be desired of high specific gravity, by evaporation in vacuo, side by side with a vessel of sulphuric acid. In the details of the first part of the process, the directions given in the pharmacopœias, under the litharge-plaster, should be adopted. Dr. Ure, however, recommends in the case of olive oil, no more than half the proportion ordered by the colleges. When an alkali is preferred to saponify the oil or fat, it should be in the caustic state—the glycerine will be found in the mother-liquor along with a portion of the alkali. To saturate the alkali, sulphuric acid should be added as soon as the soap separates, and any excess of the sulphuric acid is then to be neutralised by a little carbonate of baryta. Next the liquid is to be filtered and evaporated to the consistence of syrup, and after the addition of alcohol, it is to be filtered again. The alcohol dissolves the glycerine, leaving the sulphate of the alkali, and the sulphate of baryta as a deposit. This process is manifestly unfit to afford an article for the market. Tartaric acid may be taken here instead of the sulphuric acid, but alcohol is still requisite to separate the glycerine. For external application, the presence of a small quantity of the oxide of lead, or of caustic alkali, will not often be an objection in cutaneous diseases, and if it were, the oxide of lead might be separated sufficiently by sulphuric acid; nor would the caustic alkali, after being changed to a sulphate by the same acid, act injuriously.

AMMONIACAL BLISTERING OINTMENT.

The following improved formula for this application is recommended by Dr. Goudret, in preference to that which has hitherto been in use:—

Take of lard 32 parts
" oil of almonds 2 "

Melt the lard with the oil by the application of a gentle heat: pour them in the melted state into a wide-mouth bottle, and add

Solution of ammonia 17 parts

Mix, by continual agitation, until it becomes cold. It is necessary to avoid the application of much heat in the preparation of this ointment. When well prepared it will produce vesication in about ten minutes, and will retain its properties unimpaired for about a month, if kept in a well-stopped bottle.—*Journal de Pharmacie: Dublin Medical Press.*

APPLICATION OF LEECHES.

The following method of facilitating the application of leeches is recommended by Dr. Reim. Let the leeches be put into a bottle filled with good fresh beer, leaving them there until they seem to become lively. After they have been allowed to remain in this state for a few seconds, withdraw them from the liquid and immediately apply them. The process is almost infallible; even very feeble leeches, and which have lately been used, fasten as well as if they were employed for the first time.—*Gazette Médicale de Paris.*

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LECTURES.
Botany.—F. J. Farre, M.D., F.L.S.
Midwifery.—E. Rigby, M.D., F.L.S.
Comparative Anatomy.—Mr. McWhinnie.
Forensic Medicine.—W. Baly, M.D.
Practical Chemistry and Natural Philosophy.—Mr. Griffiths.

FOUR CLINICAL LECTURES will be delivered in each week: those on Medicine by Dr. Roupell and Dr. G. Burrows; those on Surgery by Mr. Lawrence and Mr. Stanley.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls, under the Collegiate System, of which the rules may be obtained from the Warden, Mr. Paget.

Further information may be obtained at the Anatomical Museum, or the Library of the Hospital, or from any of the Medical or Surgical Officers or Lecturers.

The Annual Presentation of the Scholarship's Prizes and other honours will take place in the Hospital on Wednesday, the 6th of May.

**CHARING-CROSS HOSPITAL MEDICAL
SCHOOL,
WEST STRAND, LONDON.**

THE SUMMER SESSION of LECTURES will commence on MONDAY, May 4th, 1846.

Botany.—Dr. Willshire—Monday, May 4, at nine o'clock a.m.

Forensic Medicine.—Dr. Chowne and Dr. Gavin—Tuesday, May 5, at three o'clock p.m.

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Both Medical and Surgical.—Full period, £26. 5s.

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JOHN ROBERTSON, Mon. Sec.

April, 1846.

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For further particulars, and application for Rooms, to be made to the Dean of the Faculty, 24, Temple Row.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CROTON OIL IN DELIRIUM TREMENS.

By JOHN FRANKERD, Surgeon, Langport, Somerset.

This peculiar disease, although easily recognised, is not so easily treated, for we find practitioners using a great variety of medicines, which are very opposite in their effects; and if we consult authorities, such difference of opinion occurs, as to leave the medical attendant very undecided what course to pursue, so that he is still left to his own judgment as to the best selection of remedies. To procure sleep, and thus prevent the continuance of the delirium, is the great object to be attained, and opium would at first appear the remedy most appropriate to fulfil this indication. My experience, however, leads me to a different conclusion, although it is true my means of observation have been very limited, cases of this character rarely occurring in agricultural districts, in comparison with large towns; yet as far as they extend I find that opium has entirely failed; or where sleep has been induced, the patient has awakened with many of the symptoms aggravated. In the *Dublin Journal of Medical Science*, January, 1841, Dr. Ware, of Boston, United States, published a statistical account of sixty-nine cases of delirium tremens; of eight patients who were treated by large doses of opium, four died; of seven treated by small doses, two died; thus giving six deaths out of fifteen cases, in which opium was the principal remedy employed; whilst in the remaining fifty-four, in which opium was not used, or only incidentally in small quantities, only five died. This difference in the results of treatment Dr. Ware considers too great to be attributed to accident, and to go far to establish the truth of the opinion that opium, in large doses, is actually injurious to patients labouring under delirium tremens. The acknowledged benefit derived from the administration of croton oil in certain nervous diseases, attended by a high degree of excitement, such as hysteria, epilepsy, neuralgia, &c., combined with the failure of opium in those cases of delirium tremens which have fallen under my care, first induced me to give this medicine a trial in this formidable disease, and the success I have experienced has been such as to lead me to publish the result, the more especially as although I have frequently met with complaints of the insufficiency of the usual mode of treatment, I do not remember to have seen any detailed account of cases in which this remedy has been employed.

Of the five following cases, I relied in the two first, entirely upon opium, and they died; in the third and fourth, opium was again administered, but failing, the croton oil was resorted to with perfect success. The last

was treated at once with croton oil, as I had every confidence in the remedy, and from the patient having a fractured leg, it was necessary that he should be immediately tranquillized.

CASE I.

December 21st. John Beck, aged 52, boatman, after exposure to inclement weather, was first seen this day, and found to have diffuse swelling of the leg, accompanied with slight head-ache, and fever. He is stout and robust, of a sallow complexion, and bloated appearance, being a man of intemperate habits, and latterly has been drinking more freely than usual of malt liquor and cider.

Ordered.—Pulv. Jalapæ Co., dr. j.; statim. sumend. Capsulæ Papav. iij.; Flor. Anthemid. oz. j., pro sôtu cruri.

22nd. Has passed a restless night; is uneasy and trembling; bowels moved freely; leg better; head relieved, and skin moist; but he is incessantly talking. I ordered him to be kept quiet, plenty of light nourishment to be given, and an anodyne at bed-time.

23rd. Has been delirious throughout the night; is constantly talking, and very suspicious; eyes suffused; face flushed; is in continual motion; skin clammy and moist; pulse quick and weak. I ordered the nourishment to be continued, with his usual stimulus, and gave him the following mixture.

R. Morphiz Mur., gr. viij.; Acid. Muriat., m. xii.; Aquæ Puræ, ozs. iss. M. Capt. cochl. min. j. secundis horis ex aquâ.

Vespere. Has become very violent, and is restrained with difficulty. The medicine, although regularly taken, having produced no perceptible effect, I ordered in addition a pill containing Pulv. Opii., gr. j.; Calomel., gr. ij.; to be taken with each dose of the drops.

24th. Has had no sleep; extremities becoming cold; pulse thready and weaker; altogether worse, and appears sinking.

R. Ammon. Sesquicarb., gr. x.; secundis horis sumend. He sank a few hours after; no examination of the body allowed.

This patient took six grains of morphia, and five grains of opium, equal in all to seventeen grains of opium, (allowing one grain of morphia to be equal to two grains of opium,) in less than twenty-four hours, without procuring sleep.

CASE II.

Mr. W., aged 36, coachmaker, pale sallow complexion, melancholic temperament, constitution much shattered by several severe attacks of hæmatemesis and the habit of indulging largely in the use of

spirituous liquors. For a short period previous to the present, he had become suddenly much more temperate, and this, combined with the generally embarrassed state of his affairs, had produced considerable depression of spirits. For a day or two before the nature of this attack became apparent, his stomach and bowels had been disordered, and his family observed an alteration in his behaviour, and a strangeness of manner, which increased so much that they applied for medical aid.

I first saw him on the 29th of March. The want of sleep, the absence of fever, and yet the high nervous excitement, the suspicious apprehensions, the tremulous motion of the hands and lips, moist tongue, the partial nature of the delirium, with other prominent characteristics of delirium tremens, left no doubt as to the disease. I ordered the house to be kept perfectly quiet, and determined to commence with small doses of a sedative, quickly repeated. I gave him three quarters of a grain of muriate of morphia in solution every hour.

Meridie. Has taken four doses of the morphia without any sleep. R. Pulv. Ipec. Co., gr. x., altera quaque hora.

Vespere. The pulse being weak, frequent, and small, and the excitement rather increased, I applied a blister to the nape of the neck, and combined a stimulant with the narcotic. R. Spt. Ammon. Co., Spt. Lavend. Co. utrq. dr. iij.; Confect. Aromat., dr. j.; Tr. Opii, dr. iss.; Mist. Camph., oz. iv. M. Capiat partem tertiam quarta quaque hora.

30th. *Mane.* Has passed a restless night, and is much exhausted; thirst, contracted pupil, partial suppression of the secretions, with other of the usual effects of opium were present. To relieve the exhausted state of the system, I gave him ten grains of camphor every four hours, and a tablespoonful of gin, (the stimulant he was most accustomed to,) beaten up with an egg, or some arrowroot, as often as the patient felt inclined to take it.

Vespere. Is much the same; has vomited several times; nervous excitement undiminished. He will answer a direct question, but immediately after relapses into a rambling state. I now determined to give larger doses of opium, and to increase until sleep was procured.

R. Pulv. Opii., gr. xii.; Pulv. Rhei., gr. xvij.; Extr. Stramon., gr. vj. M. Fiat pilul. xij. Capiat iij. statim, et repet. omni quarta hora. Adde pilul. unam sing. dos. si opus sit.

March 31st. *Mane.* Has slept three hours, and is on the whole quieter, although still restless. Has taken twelve grains of opium during the night. To continue the opiate pills, but less frequently.

Vespere. During the day has been alternately drowsy and excited, has taken more nourishment than before. I ordered four pills every four hours, with three tablespoonfuls of the following mixture:—Mur. Morphia, gr. iij.; Syrup. Rhæados., dr. ij.; Aquæ Puræ, oz. vj.

April 1st. *Mane.* Fully under the influence of the narcotic, having slept the greater part of the night; has a wildness of appearance if roused, with spasmodic action of the muscles.

Meridie. Mr. Larcombe met me in consultation, and considered the patient proceeding favourably,

the effect of the opium having partly gone off, and the excitement in a great measure subsided. The opium was continued gradually, lessening the dose.

Vespere. Still drowsy; tongue dry and brown. To persevere in the opiate by night, and as the bowels have not acted for four days, an aperient in the morning.

April 2nd. *Mane.* Being obliged to attend the assizes at Taunton, Mr. Harman, a neighbouring practitioner, saw him, and deemed him to be going on favourably, but the aperient not having acted, it was directed to be repeated in the middle of the day. The blister being still sore, Mr. H. thought the endermic system might be tried, and ordered an ointment to be applied, containing six grains of morphia, and half an ounce of ceratum cetacei.

Vespere. On my return home found the bowels had moved freely, but all the worst symptoms had returned with renewed violence. I immediately ordered the opiate pills and mixture to be given with gradually increased doses.

3rd. Has passed a very restless night; pulse very quick and weak; great exhaustion; subnitus tendinum; will not take nourishment. Ordered stimuli of various kinds, and the opium at intervals. He continued to get worse throughout the day, and sank about eight in the evening.

Post-mortem the following day in the presence of Messrs. Harman and Larcombe. Vessels on the surface of the brain much congested; arachnoid membrane opaque, and a considerable quantity of serum effused under it; ventricles contained a little serum; substance of brain firm and healthy. Head only examined.

This patient took fifty-seven grains of opium, and twelve grains of morphia, (equal to eighty-one grains of opium,) in six days, besides using the morphia endermically, with camphor, ammonia, and various stimuli.

CASE III.

Mr. E., farmer, aged 49, of sanguine temperament and full habit; has hitherto enjoyed good health; for a considerable time has been in the habit of partaking largely of gin and cider. He first applied on the 6th of October, complaining of languor, and general derangement of the stomach and bowels, accompanied by great mental depression. The usual remedies were employed, but on the 8th, symptoms of a decided attack of delirium tremens manifested themselves, which, as presenting no peculiar features, it is unnecessary minutely to detail.

October 8th and 9th. He took one drachm of Battley's solution, ten grains of opium, and one grain and a half of morphia, without much effect; and on the evening of the latter day, his friends being exceedingly anxious, requested Mr. Haviland, of Bridgewater, to meet me in consultation, who recommended calomel to be combined with the opium, and to prevent irritability of the stomach, to be accompanied with effervescing draughts of soda and sal volatile; also directed a cold lotion to be applied to the head.

10th. On the morning of this day he was found better, and the bowels having been confined several days, an aperient was ordered, discontinuing the opiates for a few hours. In the evening the bowels had been relieved, and as he was labouring under a variety of illusions, the opiate pills were ordered to

be continued, but at the interval of every six hours, with the effervescent stimulant draughts.

11th. The disease became worse; he was given the opium every four hours. In the evening the opium not appearing to be of any service, I determined to try the effects of the Indian hemp, and administered it in the following form:—

R. Tinct. Cannab. Indicæ, m. xxxvi; Syr. Rhæados, dr. j.; Aquæ Puræ, q. s. Fiat haust. secundis horis sumen. donec sopor superven.

After leaving him a few hours I was hastily summoned, as he was so violent as to require several persons to manage him. He would not take the medicine, and imagined the attendants were going to murder him, with other similar delusions. My presence seemed to quiet him, but he continued very talkative. I persuaded him to sit down, and wishing to try the effect of tartar emetic, I induced him to take it in gin-and-water, the only liquid he would swallow, to the extent of thirty grains in two hours, which produced slight vomiting, and some degree of quiet, for he lay down in another room for a short period, but constantly talking to himself incoherently. At the end of an hour he became more restless again, and I was rather undecided what to do, as he was becoming very difficult to manage; with some persuasion I induced him to take eight grains of opium at one dose, but as this seemed only to aggravate the symptoms, and his violence was very great, not having a straight waistcoat at hand, I sewed him up tightly in a sheet, and left him alone for several hours, allowing nothing but water to be given.

12th. At my next visit on the morning of the 12th, the excitement was undiminished; he had occasional sleep, but awoke after a short period to renewed delirium. When finding him becoming worse, I determined on giving the croton oil, and to continue it until some effect was produced.

R. Ol. Tiglii., m. viij.; Mucil. Acac., oz. j.; Syr. Rhæados, oz. ss.; Aquæ Puræ, oz. iv. M. Capiat cochl. larg. ij., omni hora.

He took a dose or two without producing any kind of effect. A messenger was sent to request Mr. Standert, of Taunton, to meet me in consultation, and during his absence I made him steadily pursue the mixture, and after taking eight doses, containing sixteen drops of the oil, he was very freely purged. The excitement gradually lessened, and he had refreshing sleep of several hours.

13th. Mr. Standert met me in consultation, but the patient was so much relieved that scarcely anything appeared necessary; he was perfectly himself, felt quiet, and expressed a desire for food, which he had not done for many days. He was ordered the following:—

R. Pulv. Ipëcac. Co., scr. j.; Hydrarg. cum Creta, gr. viij.; Conserv. q. s. Fiat pil., viij.; capt., ij., quartis horis cum haust. sequent. R. Mist. Camph., oz. iss.; Magnes. Sulph., dr. ij.; Antim. Tart., $\frac{1}{2}$ gr. M. Fiat haust.

14th. Proceeding favourably; has slept well; takes food. To persevere in the same medicines.

15th. Continues well.

16th. The same.

20th. Ceased my attendance.

This patient took thirty-six grains of solid opium, one grain and a half of morphia, and a drachm of

Battley's solution, which may be considered altogether equal to forty-eight grains of opium in four days.

CASE IV.

Mr. E., the same individual as in case three, having a few months after the first attack, (July,) returned to his old habit of dram-drinking, had another attack of delirium tremens, similar in most respects to the former. Not being fully satisfied in my mind as to the effects of the croton oil, I commenced with opium as before, but determined to push it to its greatest length, and in the course of six days he took opium in various forms, equal in extent to one hundred and sixty-nine grains, but without producing any permanent benefit. Sleep he did occasionally for a short period, but it was always followed by delirium, restlessness, and incessant talking. On the seventh day, the symptoms being very violent, I commenced giving the Oleum Tiglii, in doses of one drop every half hour, administering several doses myself. He took eighteen drops in the course of eighteen hours, which had a most powerful effect on the bowels, ending in refreshing sleep, and relieving all the symptoms. He required only a little stomachic medicine afterwards.

CASE V.

March 5th. Mr. P., aged 50, whilst intoxicated fell, and fractured his right leg, at the lower third of the tibia. With much difficulty he was taken to bed, and the leg set in wooden splints. He has an ulcer on each side of the fracture, through which the bone threatens to protrude every moment from his restless movements. After he was a little quieted, spasm of the muscles of the leg became very violent, requiring several persons to steady the limb. I prescribed the following:—

R. Liqr. Opii Sed., dr. j.; Aquæ Puræ, oz. iv. M. Capt. partem tertiam omni hora. If the spasm not restrained to be informed.

6th. *Mane.* He has slept two or three hours; is quiet, his leg being in a much better position than could be expected from his restlessness; otherwise looking well. As he was a sad drunken fellow, and had been so for years, and the spasm still present, I ordered him broth and eggs, and the following:—

R. Liqr. Ammon. Acet., oz. j.; Spt. Æther. Nitr., dr. ij.; Liqr. Opii Sedat., m. xxx.; Aquæ Puræ, oz. iv. M. Capiat partem tertiam quartis horis.

Vespere. Very quiet and comfortable; leg easy; no spasm.

7th. *Mane.* Has slept several hours; is comfortable; bowels not opened yet. R. Olei. Ricini, dr. vj. statim sumend.

Vespere. Bowels moved two or three times; is easy, but talkative.

8th. *Mane.* Called early this morning; found he had not slept, but had been very wandering and talkative; wanted to get out of bed; is very trembling and suspicious of his attendants; pulse 120; tongue dry; leg out of position from his constant struggles to get out of bed. Ordered the following:—

R. Liqr. Ammon. Acet., oz. j.; Gutt. Nigr., m. xii.; Vin. Antim. Tartr., dr. iij.; Aquæ Puræ, oz. vj. M. Capiat cochl. larg. ij., omni hora; a combination of opium and tartar emetic being very highly recommended by Dr. Graves. In addition to the medicine to take ale and eggs.

4 p.m. More excitement; requires four men to hold him; is very talkative, but will be reasonable for a moment; determined to lose no time, but to have recourse to the croton oil.

R. Ol. Tiglii., m. viij.; Mucilag. Acac., oz. ss.; Syr. Rheados, oz. ss.; Aquæ Puræ, oz. iv. M. Capt. cochl. larg. j., omni quarta parte horæ. Took three doses, and refused any more. No cessation of excitement.

8 p.m. Gave him another dose of double strength; then waited an hour, and gave him another; has now taken full eight drops of the oil. Ordered the remedy to be continued every hour, and left.

9th. *Mane.* Took one dose of the mixture after I left; when the bowels moved briskly seven or eight times; he then fell asleep, and remained so for three hours; is now very reasonable and quiet; leg altered, and put in a good position; foot much swollen from the great disturbance. Ordered plenty of nourishment.

Vespere. Has slept several times, and would have continued, but was disturbed six or seven times by another dose of the croton oil, which the attendant gave by mistake. Ordered an egg beat up with a little milk, and the following:—

R. Tr. Catechu., Tl. Camph. Co., utriusq., oz. ss.; Mist. Cretæ, oz. iv. M. Capt. cochl. larg. ij. secundis horis.

10th. *Mane.* Has passed a very good night, sleeping well; bowels settled; pulse 80; tongue clean; leg was extended; foot still swollen.

Vespere. Many persons have visited him to-day; amongst them several relatives from a distance. Being fearful that their presence would be injurious, I ordered an apodyne to be given at bed-time if he could not sleep.

11th. Slept well without medicine; leg comfortable. ordered a pint of ale and a mutton chop.

12th. Has not slept; leg examined; ulcers healing. Two pints of half-and-half and meat.

13th. Slept well.

14th. One ulcer healed, the other looking well. Two pints of cider, and smoked two pipes.

19th. Leg united, and he is very comfortable.

April 16th. He is sitting up out of bed.

This patient took ten drops of croton oil in seven hours, and a few hours after two drops, making twelve drops in less than twenty hours. The relief was most decided.

Remarks. These cases will, I think, justify me in concluding that the administration of croton oil is attended with decided benefit in cases of delirium tremens,—a disease complicated generally with other affections, chiefly those of the liver and stomach, the depraved secretions of which might, in many instances, keep up the irritation. But to the removal of these I do not attribute the favourable result, but rather to the croton oil acting as a direct sedative to the nervous system. I considered it of minor importance how sleep was procured, so that it was of sufficient duration to produce a permanent effect on the disease, and the benefit occurring in the cases I have detailed has been so marked as henceforth to give me a decided preference for its administration. The quantity given in so short a time would appear almost incredible; but as I had often given a drop every quarter of an hour in

epilepsy to the extent of twelve or fourteen drops, I felt justified in continuing the remedy until the effect sought for occurred; and in no instance have I observed any bad effect follow its administration. It will be seen that opium had a fair trial. At one time I gave it in moderate doses, gradually increased; at another a full dose, followed by smaller at short intervals; at another continued large doses. I used the solid opium, and various preparations,—laudanum, black drop, Battley's solution, and morphia, and in neither of my cases did I observe any decided benefit; sleep was often procured, but never sufficiently to renovate the nervous system.

ON DISEASES OF THE EYE.

(Continued from page 181.)

DIAGNOSIS.

DIVISION I.—CLASS I.

Inflammation of the Eye—Ophthalmia.—Pain, redness, and constitutional disorder.

1.—Conjunctivitis. Inflammation of the conjunctiva.

The enlarged vessels shift their place with the motion of the eyeball and eyelids; they form a network, and have a bright scarlet colour. The disease commences at the circumference.

a Mild Conjunctivitis or Catarrhal Ophthalmia.

The eye at first feels stiff and dry, and smarts as if from dust; soon there is watering and increased redness. *Diagn.* The very slight pain and intolerance of light.

b Severe Conjunctivitis or Purulent Ophthalmia.

The conjunctiva is swollen and intensely red; its surface is villous, pulpy, or granular. The discharge is *purulent* and copious. The disease generally first attacks the lining of the lids.

a Purulent Ophthalmia in Infants.

Cause—cold or irritation of any kind in the eye. It generally comes on three or four days after birth, and lasts from seven to fourteen days.

b Purulent Ophthalmia in Adults.

Atmospheric and other causes may produce this disease, and it is propagated by contagion; and not by *contact* only, but also through the medium of the atmosphere.

γ Gonorrhœal Ophthalmia.

Purulent ophthalmia in some way connected with gonorrhœa. It is the most virulent and destructive inflammation of the eye, but fortunately its occurrence is rare.

c Pustular Ophthalmia.

The distended vessels are in fasciculi, and terminate at the margin of the cornea, or a little over its boundary, in a small reddish or whitish elevation; at first vesicular, (phlyctenulæ,*) but afterwards pustular. *Diagn.* The slight degree of pain and intolerance of light.

* *Dim.* of phlyctæna, φλυκταῖνα, a vesicle, from φλεῖν, to be full or hot.

d Scrofulous Ophthalmia—

Occurs most from the period of weaning to the age of nine or ten. There is a very watery state of the eye, and extreme intolerance of light; the redness is often slight, at first on the lids, and generally only partial on the eye; the enlarged vessels run in fasciculi towards the cornea, and terminate on it, or the sclerótica, or more frequently on the boundary between them, in phlyctenulæ or pustules, containing a clear or yellowish fluid. The disease is worse during the day.

e Eruptive Ophthalmia.***α Rubeolous Ophthalmia—**

Is generally of a catarrhal kind.

β Scarlatinous Ophthalmia—

Is more severe, but less frequent than the last variety.

γ Erysipelatous Ophthalmia—

Most common in cachectic subjects; it is very severe.

δ Variolous Ophthalmia—

Very severe. When the globe of the eye is affected there is a sense of dryness, stiffness, and sand in the eye, with pain in the ball, aggravated by light, and accompanied with increased flow of tears.

2.—Catarrho-rheumatic Ophthalmia—

Has both the symptoms of conjunctivitis and scleritis, viz., stiffness, dryness, and sense of dust or sand in the eye, intolerance of light, and deep-seated pain.

3.—Scleritis—

The enlarged vessels run in nearly straight lines from behind forwards, and have a pink, rose-red, or almost violet hue; the redness begins on the front of the globe, forming a red zone around the cornea. There is considerable intolerance of light and deep-seated pain, increased by heat, and usually worse at night. Increased lachrymation.

4.—Corneitis.

In slight attacks there is merely a little irritation on motion; but in more severe cases the cornea is surrounded by a pink zone, is minutely injected, and dull, turbid, or cloudy.

5.—Iritis.

There are fine vessels running in radia to the edge of the cornea; the iris changes its colour; the pupil is contracted, irregular, and immovable; lymph is effused. The pupillary edge of the iris is first attacked.

6.—Retinitis and Choroiditis.

Inflammation may commence in the retina or choroid, but cannot long remain confined to either. There is severe deep-seated pain of the eye, impaired vision, and contracted pupil; a sense of heat, but not much internal redness.

7.—Ophthalmitis.

Inflammation of the whole eye is rare, and generally from severe injury. There is a sense of

tension, and a feeling as if the eye were too large for the orbit; together with all the other signs of severe inflammation of the various tissues of the eye.

ANALYTICAL TABLE.

Inflammation of the Eye, (i. e. pain, redness, pyrexia, &c.)	} Ophthalmia.
Redness shifting, scarlet, and forming a network	
Mild	α Catarrhal.
Severe	β Purulent.
	α Of Infants.
	β Of Adults.
	γ Gonorrhœal.
Phlyctenulæ or Pustules	c Pustular.
Great intolerance of light	d Scrofulous.
Occurring during eruptive fevers	e Eruptive.
	α Rubeolous.
	β Scarlatinous.
	γ Erysipelatous.
	δ Variolous.
Sense of dust or sand in the eye, and deep-seated pain	} 2. Catarrho-rheumatic Ophthalmia.
Redness of a pink hue, and radiating	
Cornea minutely injected and dull	3. Scleritis.
Colour of Iris changed, and pupils irregular and contracted	4. Cornetis.
Severe deep-seated pain, sense of heat, and but slight redness	} 5. Iritis.
A sense of bursting, tension, &c.	
	6. Retinitis and Choroiditis.
	7. Ophthalmitis.

(To be continued.)

CASE OF UTERINE HÆMORRHAGE, IN WHICH GALVANISM WAS EMPLOYED.

By HENRY WILSON, Esq., Surgeon, Runcorn.

On the second instant I was requested to visit Alice Marsden, 34 years of age, married, and the mother of six children; in person tall and robust. I found her much reduced, with countenance blanched, and small weak pulse. She was believed to be about two months advanced in pregnancy. It appeared that she had experienced repeated attacks of uterine hæmorrhage during a week past, for which she had been under the care of a female quack, whose principal treatment consisted in the excessive administration of purgative medicine. A considerable discharge had occurred a short time before my visit. I directed eight grains of gallic acid, with as much compound cinnamon powder, to be given every two hours; a wet napkin to be placed upon the pubes and thighs, and a bandage round the abdomen, and her room to be kept cool and quiet.

After the lapse of about ten hours I was again summoned to her in haste. I found that during this interval a draining hæmorrhage had been constantly

* The term "exanthematous," generally used, should be restricted to patches of redness but the more general term "eruptive," may include pustules or any other cutaneous disease.

going on. At length a more considerable discharge of blood and coagula was followed by an alarming attack of *syncope* and *convulsions*, when I was immediately sent for. My patient was thought to be dead, as she lay motionless on the bed; pulse not perceptible at the wrist; extremities cold. Strong ammonia, however, applied to the nostrils, roused her; and shortly afterwards, having succeeded in giving two teaspoonfuls of aromatic spirit of ammonia, with some hot brandy-and-water, reaction was established. On examination the vagina was found hot, and the os uteri patulous, and very flaccid.

I now proceeded to inject the vagina with half a pint of cold water, and repeated the same process by rectum. The vagina was then plugged with a soft cambric handkerchief, and a full dose of ergot, with twenty minims of diluted sulphuric acid given. This dose was repeated at intervals of fifteen minutes, until six doses were taken, equivalent to three drachms of the ergot; in the meantime ammonia and brandy were almost constantly required to avert syncope. During three hours that I remained with my patient, her life appeared to depend on the assiduous administration of stimuli.

Having left the house for a short time, I found, on my return, that the *tampon* had been expelled, accompanied by a large quantity of blood and coagula; I decided not to reintroduce it, that I might repeat the injections of cold water. During the succeeding two hours these were administered several times, and they seemed, on each occasion, to check the discharge for a few minutes, but the vagina soon became hot again, and the discharge reappeared.

The case now appeared to be utterly hopeless. She could no longer swallow the brandy, and was only roused from a state of apparent insensibility, bordering on syncope, by the scarcely interrupted application of ammonia to the nares. The pulse had almost forsaken the wrist, being doubtfully perceptible; the eyes remained rigidly open, and fixed; in short, death seemed imminent. As a *dernier* resort, with but faint hopes of doing any good, I resolved to try galvanism, as suggested by Dr. Radford.

My residence being within a very short distance, I was enabled, in a few minutes, to have the apparatus in action at my patient's bed-side. A copper wire, coated with thread and sealing wax, with a ball of moistened sponge, about the size of a nut, fastened to one end of it, served for a vaginal conductor. The sponge was passed within the os uteri, and there retained. I previously ascertained that shocks could not be elicited from any part of the wire except from the sponge, at its extremity. The conductor from the other pole of the apparatus was then applied over various points of the sacrum and loins, and shocks, and continuous currents of the galvanic fluid transmitted through the parts intervening between these points and the sponge at the os uteri. Ten minutes elapsed ere the patient appeared sensible of the galvanic agency. The first indication of this was observed in her countenance, her glassy, corpse-like eye, brightening up with something of its wonted expression. In the course of ten minutes more, the pulse was more distinctly perceptible, and she complained of pain in the abdomen. After continuing the galvanic influence for a few minutes longer, the apparatus was withdrawn.

Though my patient's condition for several hours afterwards continued very critical, a decided improvement, in many respects, had undoubtedly taken place; the pulse increased in volume and power; she was enabled to take at intervals portions of a mixture of brandy and eggs; the vagina was found no longer above its natural temperature; the os uteri was distinctly less open; and the discharge had diminished to a mere "show." With the view of obviating the more immediate effects of so considerable a loss of blood, I now directed ten drops of Battley's sedative to be given every two hours. The effect of the first dose was perceptible in calming that extreme restlessness so peculiar to my patient's anæmic condition.

On visiting her the following morning, the 4th inst., I was gratified to find that she had passed a comfortable night, having had several hours of refreshing sleep. The hæmorrhage had not returned; *but, with the urine, a fleshy substance, about the size of a small fig, had been voided.* She, however, complained of intense pain of the head, with a sense of throbbing in it, synchronous with the action of the heart, which beat tumultuously. This I attributed, in some degree, to the brandy and beef tea which had been given to her too freely, thereby increasing reaction to a degree beyond what was desirable.

She continued to suffer from this symptom for several days, but in other respects her recovery has been progressive and satisfactory.

Remarks.—The announcement of galvanism, as an obstetric agent and remedy in uterine hæmorrhage, is calculated to arrest the attention of the practitioner, and to excite a hope that the expectations entertained of it may not, as in too many analogous instances, result in disappointment. It behoves us, however, to guard our judgment against any undue influence which such expectations may possibly produce; to beware lest "confounding sequence with consequence, the *post hoc* with the *propter hoc*," we commit the common error of patients, and others, in attributing the favourable issue of disease to the last remedy employed.

In a late article* on *quacks and impostors*, by the able editor of the *British and Foreign Medical Review*, referring to the utter incapacity of the majority even of educated persons to appreciate evidence as to matters of fact, the writer quotes some passages from Bacon, which may not inaptly be introduced here:—"The light of the understanding is not a dry or pure light, but drenched in the will and affections, and the intellect forms its knowledge accordingly; for what men desire should be true, they are most inclined to believe. When the mind is once pleased with certain things, it draws all others to consent and go along with them; and though the power and number of instances that make for the contrary are greater, yet it either attends not to them or despises them, or else removes and rejects them by a distinction, with a strong and pernicious prejudice to maintain the authority of its first choice unviolated." (*Novum Organon*.)

Cautioned by these wise words, I hesitate to refer the successful termination of the case above detailed to the employment of galvanism solely. Ignorant, as we confessedly are, of the *modus operandi* of medicinal

* *Athenæum*, Feb. 28, 1846. *British and Foreign Medical Review*, April, 1846.

substances, we know enough of the effects of gallic acid and ergot of rye on the fibrinous fluids and tissues of the body, and of the specific effects of the latter drug on the contractile fibres of the uterus, to affirm that they were wholly inoperative in this particular case; nor can we take upon ourselves to deny the possible correlative utility of the injections of cold water. Nevertheless, the revival of the patient whilst under the galvanic influence, the cessation of the hæmorrhage, and subsequent general improvement, are facts which, to say the least, justify and encourage more extended trials of the remedy.

Rancorn, April 8, 1846.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 29, 1846.

It is a curious feature of the times we live in, that every matter of a public nature, trivial or otherwise, must be made the subject of keen contest and agitation. There are questions of such clear and undeniable import, that when once attention is called to them, and sufficient evidence adduced, it might be thought no difference of opinion could take place,—that in short, nothing further was wanting to carry out the improvements which they suggest, than the necessary time and material for making arrangements, and bringing them to a satisfactory conclusion.

This, however, would not seem to be the case in any the smallest particular of what concerns the public. The agitation which has now for years disturbed, we had almost said, guided, the general policy of the country, makes its influence felt in matters with which party can have little in common, and into which it ought never to be suffered to intrude. No supposed evil, public or private, can now be hinted at without the exertions of an 'Abolition Society' being called to bear upon it; and what is far worse, when the evil is clearly and undeniably proved to exist, the exposure and attempt at its removal are sure to excite the contentious or interested feelings of some misguided persons, and an 'Anti-Abolition Society' immediately springs into existence.

Perhaps there are few subjects on which there is less room for disputation than the question of the interment of the dead within the precincts of large towns, and in densely inhabited localities. It is difficult to suppose that two enlightened individuals could be found, who would hold a difference of opinion on so self-evident a proposition, as that a burial ground, crowded with the accumulating decay of years of mortality, if situated in a confined and thickly populated neighbourhood, must prove a serious source of contamination to the atmosphere of the place.

It is absolutely impossible but that the emanations which take place from a soil, in great part formed of the dust of mortality, in every state of decay, must prove more or less injurious to all who live within the sphere of their influence. No fact is better ascertained in relation to the progress of epidemic or infectious diseases, than that to isolate the affected persons, to surround them with a sufficiency of space so as to admit of free ventilation; in other words, to dilute the poison, whatever that may be, is the most effective method to arrest its course, and avert its consequences. The converse of this ascertained fact is a natural sequence—that to crowd human beings together, and further to contaminate the atmosphere in which they are crowded, with such gaseous exhalations as the grave-yards of the metropolis, and of large towns generally, are continually pouring forth, must be a ready means of generating disease and facilitating its progress. The fact, moreover, admits of direct proof, and, mainly through the exertions of Mr. G. A. Walker, the intelligent author of "Gatherings from Grave-Yards," and other works of the same nature, has abundantly received it.

A Committee of the House of Commons, specially appointed to inquire into the subject, expressly state in their report to the House, that "after a long and patient investigation," they "cannot arrive at any other conclusion than that the nuisance of interments in large towns, and the injury arising to the health of the community from the practice, are fully proved."

The indecencies attendant upon such practice, the violation and exposure of the half-decayed remains, the breaking up of coffins, the scattering of their contents, the burnings which from time to time are had recourse to in some of these receptacles, for the purpose of making room for fresh interments, all of which abominations pass under the eyes of the surrounding population, are fraught with a moral contagion little less injurious to the minds of the recipients than the pestilential effluvia are to their bodies; and yet, in the face of all this, in despite of the opinions of the most competent authorities, in the very teeth of evidence, sifted by the searching examination of a parliamentary committee, and of facts declared by them "fully proved," individuals are to be found so deadened to moral feeling, or so miserably biassed by interested motives, as to band together for the maintenance, not merely of a particular nuisance of this description, but of the system itself.

Were the subject less serious, the evil less crying, the injury to the community less pressing, the satire which an agitation got up expressly to support these proceedings reflects on the guiding principles of the times, would be most ludicrous. It is, however, a

matter of substantial reality; that with the view of rendering nugatory the valuable and truly philanthropic exertions of Mr. Walker, and of getting up an opposition to any legislative measure which might be based on the labours of the special Parliamentary Committee an "*Anti-Abolition of Intra-Mural Interment Society*" has been established. A committee has been also appointed, pamphlets are put forth, and circulated, a newspaper is enlisted in the cause, anonymous letters are written, and all the pomp and circumstance of opposition and agitation are developed. For an exposure of the proceedings of this *Anti-Society*, we beg to refer to a pamphlet just published by Mr. Walker. That this indefatigable opponent of grave-yard abuses should meet with vituperation and contumely, is not a matter of surprise. Happily, his energy is not likely to be foiled by such weapons, and we hope to be able to announce before long that his unwearied exertions will be rewarded in the speedy and complete removal of the abominations against which he has so long contended.

"*Biographie de Albert de Haller, Seigneur de Joux et d'Eclagnens, &c., &c.; par l'Auteur de l'Essai sur la Vie de J. G. LAVATER.* Seconde Edition, revue et considérablement augmentée de Matériaux inédits." Paris, chez L. R. Delay, 1845. 8vo. pp. 322.

The first edition of this life of Haller, which was published some years ago, we have never seen; but we believe that it is so much enlarged and improved in its present form, as to deserve to be almost considered as a new work. It is written by one of Haller's compatriots, Mademoiselle Chavannes, who has had access to papers and other sources of information in Switzerland that have never before been made use of, and who is already favourably known in her own country as the author of a Life of Lavater, and of the "*Soirées de Famille.*" It has no pretensions whatever to be considered as a scientific work, and therefore might perhaps be thought by some persons to be unfit to be noticed in our pages; but there have been some few members of our profession whose history is equally instructive to us, whether we look at them as physicians, or as men, and can hardly fail to be studied with advantage. Among these few Haller is one of the most illustrious, and therefore, as this work contains several particulars of his domestic and moral life and character that have never been brought before the public, we have thought that we should only be doing our duty in recommending it to the notice of our professional brethren.

It is not our intention to analyse here either the professional or the personal character of Haller; we will merely remark that those persons who have hitherto been acquainted with him only as a writer on various

branches of medical science, will be somewhat surprised to find him appear in this volume as a professor, a magistrate, a statesman, a poet, a linguist, and a theologian,—a variety of characters that has seldom been borne by one and the same individual. The only additional duties that we should perhaps have expected Haller to have undertaken, are those of a practical physician, and he might then have almost rivalled Galen in the extent and variety of his professional acquirements. He seems, however, to have early given up the practice of his profession, in order to confine himself more entirely to study; and, at a later period of his life, if one of his married daughters brought him one of his grandchildren for his medical advice, he would merely give the little patient a kiss, and say to the mother, "*ma fille, faites chercher un médecin.*" (p. 128.) He seems indeed to have carried his devotion to study to such an extent as to interfere in some degree, if not with the duties, at least with the *amabilités*, of domestic life; and, though we would wish to make every allowance for the difference of national habits, and for the manners of the eighteenth century as compared with the nineteenth, yet we must confess that to us he appears to less advantage in the bosom of his own family than in any other position. His house was a sort of temple of study, to which everything else was made completely subservient. He lived almost entirely in his library, taking his meals there by day, sleeping in it by night, and sometimes not stirring out of it for several months together. (p. 121.) He took but little pleasure in the conversation of his family; and not only read to himself during his dinner, though sitting with his wife and numerous family around him, but also required silence from all the rest of the party, and the accidental fall of a fork was followed by the instant banishment of the unhappy offender. (p. 127, 128.) We need not, therefore, wonder that the younger members of his household should have looked upon him with a considerable degree of awe, amounting almost to dread, so that, whenever the great physiologist wished to examine the phenomena of the *hiccup* in one of his grandchildren, he was always disappointed, as the convulsive movement ceased the moment the child was brought into his presence. When looking at Haller in this point of view, we are almost tempted to think that we should have admired him more, if, instead of being *thrice* married, he had remained in "*single blessedness,*" as he certainly was not one of those who knew how to combine the habits of a student with those of a father of a family.

Another point brought prominently forward in this volume is Haller's religious character, which has always earned for him the highest admiration; though perhaps some persons, who think that a true Christian must needs be fed with "*milk and sweetensses*" all his life long, may wonder that Haller did not enjoy more of the *comforts* of Religion. But in this respect, as in

several others, we were forcibly reminded of similar traits of character exhibited by our great essayist, Johnson. Both he and Haller had the same deep and earnest conviction of the paramount importance of Religion, and this they proved by their actions, their conversation, and their writings, while alive, and by the prayers and journals that were brought to light after their deaths; but, together with this firm persuasion, each was allowed to be troubled in his last hours by the same dread of death, and the same anxious desire to prolong his life. Both, too, had great faults of character, (and those in some degree similar,) which must for ever hinder their being placed in the numbers of those who have approached most nearly to perfection; but yet both may most justly be held up to the admiration of mankind, and in both cases we should bear in mind, when comparing them with other men, that there are few persons with whose inmost thoughts we are so well acquainted, and that the knowledge of their faults and failings is derived chiefly from themselves. Certainly, if we wished to point out to one of our younger brethren on his entering our profession a man who in talents, learning, and personal character, united in himself almost every excellence, and might fairly be taken as a pattern for his imitation, we know of few names that would occur to our minds before that of Albert von Haller.

NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

A meeting of the members of this Association was held on Friday, April 17th, at the Hanover Square Rooms, to receive a Report from the Committee, and to consider the propriety of forming a National Institute of Medicine, Surgery, and Midwifery. The meeting was very numerously attended, about 700 gentlemen being present, among whom were Messrs. Pennington, Squibb, Fuller, Bowling, Bonney, Streeter, Bedingfield, Sparkes, Randall, Wooldridge, (Southampton,) Webster, Baker, Lavies, Merriman, Davis, (Hampstead,) Hardwick, Craddock, Eyles, Tegart, Bird, Dodd, Vickers, Ancell, Clifton, Stocker, Dale, Hammerton, Headland, Maclure, Martin, (Reigate,) Semple, Smith, Webster, Wheeler, Cooke, Daniell, (Newport-Pagnell,) Miles Beale, &c. &c.

The President, Mr. Pennington, having been called to the chair, and addressed the meeting on the occasion, Messrs. Bird and Ancell, the Honorary Secretaries, read the Report of the Committee.

The Report embraced a notice of the proceedings of the Committee since the last Special General Meeting, and of the negotiations which had been carried on with the Home Secretary, through the medium of the joint Deputation appointed by the Association and the Society of Apothecaries. The causes of the failure of these negotiations were pointed out, the present position of the profession briefly alluded to, and the mischievous policy of the Council of the College of Surgeons strongly censured.

The report then states what the Committee believe to be the legitimate objects sought for by the general practitioners, as follows:—

"In the first place, the general practitioners claim a representative institution with an elective council, possessed of authority to frame bye-laws, whereby they would be enabled to check all improper practices of their members—whereby they might give a proper direction to the principles upon which professional practice ought to be conducted—whereby they might settle, as the committee believe, most amicably, the disputed questions between the qualified practitioner and the chemist and druggist—and whereby they would effect numerous ameliorations and improvements in the medical profession, so as to establish it on the basis of true respectability in the eyes of the public and of the whole world.

"Secondly,—They claim the unfettered power of determining a curriculum of education, including all that is requisite both in a general and scientific point of view, to secure a sufficient guarantee of competency in every individual who is to enter into general practice, and the unfettered power of selecting a Court of Examiners, and of instituting such examinations as will prove a satisfactory test of such competency. These objects are only to be effected by a charter of incorporation, and an Act of Parliament to support that charter; and would be obtained by the concurrence and co-operation of the Society of Apothecaries with the general practitioners, in conformity with the liberal policy of that society in disclaiming any corporate or particular interest while advocating the claims of the general practitioners to a separate and independent incorporation. The expression by the Society of Apothecaries of 'their readiness and willingness, irrespectively of personal and corporate considerations, to resign all further interference with the education or control over the affairs of the general practitioners, and to assist in obtaining the grant of such independent charter of incorporation as would secure to the general practitioners an efficient control over the education and examination of their own class through the machinery of the organisation of the members of that class,' indicates the liberal views entertained by the society.

"Thirdly,—Although, in the course of the recent negotiations, the committee waived the point of a summary penal enactment, the Right Hon. Sir James Graham having stated his determination not to make restriction on the practice of physic and surgery by unqualified persons, a part of his measure, and a majority of the committee's constituents having expressed their desire to accept with gratitude the proposed legislation of the Right Honourable Baronet—and although in the bills introduced into Parliament the indirect checks were of considerable importance, and in the two latter of these bills the joint deputation succeeded in inducing the Government to preserve the existing penal clause, yet the committee are perfectly convinced that these intended safeguards to the public were incomplete and insufficient, and that the claim by the medical profession on public grounds for a summary penal clause, has a foundation in justice and sound policy; and they consider that all classes of practitioners ought to fall back upon this claim as one of the essential elements of medical reform with a view to any future legislation."

The report then goes on to advocate the more permanent establishment of the National Association of General Practitioners under the name of a National Institute of Medicine, Surgery, and Midwifery, for the purpose of comprehending a much wider range of social and professional advantages.

It proposes that this National Institute should be governed by a representative council, composed both of provincial and metropolitan members, and should be organised with local secretaries and branch associations in every parliamentary district in the kingdom, after the plan of the National Association; and suggests that the duties of the representative council and the objects of the Institute should be vigilantly to watch the course of affairs, so that in the event of any new attempt at legislation they would be prepared at once to advise the profession of its bearings, and to take such steps as the interests of the body they represent or the public interests might require—to publish annually, in the absence of any legal registration, a registry of the qualified practitioners in actual practice, and thereby of virtually exposing the pretensions and practices of unqualified persons—to encourage the Apothecaries' Company in the prosecution of their duties, and to watch over the curriculum of education for the College of Surgeons—to publish "Transactions"—to form a library and museum—to establish prize essays—and finally to constitute "the frame-work of a corporate body, ready prepared, should the Right Honourable the Secretary of State change his present intention on the subject of medical legislation, and redeem his original pledge."

The resolutions, which embodied the principal suggestions contained in the report, were severally moved and seconded by Messrs. Purcell, of Winchester; Liddle; Beddingfield, of Stowmarket; Bonney, of Brentford; Daniell, of Newport-Pagnell; Rogers, of Liverpool; Woodriddle, of Southampton; Miles Beale; Fuller; Martin, of Reigate; Nussey; Bowling; and Clifton.

The following is the plan proposed in the report for the constitution of the new Association:—

QUALIFICATION FOR MEMBERSHIP.

"In the first instance,—Gentlemen who were in actual practice previous to the 1st of August, A.D. 1815.

"Licentiates of the Society of Apothecaries.

"Members of the Royal Colleges of Surgeons in England, Ireland, and Scotland.

"Doctors or Bachelors in Medicine of any University of the United Kingdom, and Fellows or Licentiates of any College of Physicians of the United Kingdom who shall have been in actual practice as general practitioners in medicine, surgery, and midwifery, or who shall satisfy the council of their qualifications to practise in medicine, surgery, and midwifery, and who are at present Members of the National Association, or who shall enrol themselves previously to the expiration of six months from the date of the formation of the Institute."

"Subsequently,—Such persons only as shall satisfy the council as to their qualification to practise in medicine, surgery, and midwifery."

GOVERNMENT.

"One President, to be elected by the council triennially, and eligible for re-election.

"Three Vice-Presidents, to be elected by the council from their own body by ballot, one to go out every year, and not to be eligible for re-election for a year.

"A Council, to be composed of forty-eight members, one half practitioners resident within ten miles of the General Post-office, and the other half country practitioners resident beyond that distance. No member of the Institute to be eligible as a member of council under — years from the date of his qualification to practise.

"The council to be elected by the members of the Institute; every enrolled member to be entitled to a vote.

"One-third of each metropolitan and provincial branch of the council to go out of office annually, and the vacancies to be filled up in equal proportions from the respective branches, but the retiring members not to be eligible for re-election for a year.

"The election to be by voting papers, and decided by a majority of votes.

"The council to prepare a code of laws for the regulation of the affairs of the Institute, subject to the approval of a general meeting of the members."

COMMITTEE OF ASSOCIATED SURGEONS.

This Committee assembled at the Freemasons Tavern, Monday, April 20th, George Bottomley, Esq., of Croydon, in the chair, to take into consideration *the plan for establishing a National Institution in Medicine*, proposed by the Committee of the National Association, on Friday evening, at the Hanover-square Rooms. Official copies of the plan were obtained, and an opinion generally prevailed that the proposed scheme embodied a restriction which would have the effect of rendering the new institution exclusively a society of general practitioners, and that the *only certain ground of admission* into it, (if the provisions stand as they are at present framed,) would be, *the licence of the Apothecaries' Company*. Several of the members expressed a hope that the language in which the provisions were detailed had been misconstrued; but that there might be no misunderstanding on the subject, and that the views of the Committee should be clearly expressed, the following resolutions were unanimously agreed to:—

Proposed by Mr. Thomas Abraham, and seconded by Dr. J. R. Lynch:—

"That this Committee remains firmly and decidedly of opinion, that it is the duty of the great body of the members of the Royal College of Surgeons of England to continue, with unabated earnestness and zeal, to insist on their right,—founded as it is upon every principle of equity and justice,—to be reinstated in the position and rank which they occupied in that College until the charter of 1843 received the sign-manual of the Crown."

Proposed by Mr. William Bloxam, and seconded by Mr. Drewry Otley:—

"That this Committee, influenced by a most anxious desire to witness a perfect and lasting union amongst all ranks and classes of the profession, has deliberately and earnestly considered the scheme which has been

proposed by the Committee of the National Association of General Practitioners, for the voluntary establishment of a National Institute of Medicine, Surgery, and Midwifery; and this Committee feels much pleasure in being enabled to approve of many of the chief provisions of the plan, but decidedly objects to that portion of it which excludes from the proposed Institute all physicians and surgeons who are not licensed or legally qualified to practise as apothecaries. Believing such an exclusion to be characteristic of the feelings which have too long animated the councils of the existing medical colleges, that it is calculated to perpetuate divisions in the profession, and knowing that it would have the effect of depriving the new institute of many medical and surgical practitioners, who, from their discoveries and genius, and the high offices they occupy, shed a lustre on the profession to which they belong, and considering that such a restriction is in complete opposition to the principle of uniting and embracing ALL the different classes of practitioners in this kingdom into a single faculty of medicine, this Committee cannot refrain from expressing the opinion that such an exclusion would be exceedingly impolitic, that it must militate strongly against the success of the projected institution, and might probably prevent its permanent establishment."

Proposed by Mr. John Hunter, and seconded by Mr. T. G. Phillips:—

"That the deputation from this Committee be re-appointed for the purpose of conferring, at the earliest convenient moment, with the Provisional Committee of the National Association, on the propriety of modifying the projected plan so as to render ALL legally qualified members of the profession, whether physicians, surgeons, or apothecaries, or whether belonging to the English, Irish, or Scotch Colleges, both now and in future, eligible candidates for admission into the proposed National Institute of Medicine, Surgery, and Midwifery."

Selections, &c.

INFANTICIDE: CONTUSION AND FLATTENING OF THE HEAD.

A young girl, in whom the exterior signs of advanced pregnancy had been noticed, was delivered clandestinely. Being suspected of infanticide, she obstinately denied both her pregnancy and accouchment. A professional man, called in to examine her, ascertained that she had been recently delivered. She then confessed that she had up to that time endeavoured to deceive, and added that while alone in her bed-room she was delivered of a dead child, which she had concealed (*enfoui*) three days afterwards in a place which she pointed out.

An inspection of the body was ordered, and the examination shewed that the child was born at full term, well formed, viable, and that it had lived. There was an evident flattening of the cranium in the transverse direction, and considerable ecchymosis, or rather sanguineous effusion in the cellular tissue, uniting the skin to the bones of the skull. This effusion principally occupied the two parietal regions, and was much less marked at the vertex and posterior part of

the head. The medical men pronounced this to be the cause of the death of the infant.

It remained to inquire whether these traces of violence were the result of crime or of accident. From the account given it was possible that a compression so considerable as this might have been the result of labour, but of a labour long and difficult. Now, from the statement of the accused herself, the labour had been neither long nor difficult, and had been accomplished without assistance. It could not therefore be the labour which had caused the flattening of the cranium. Feeling the necessity of explaining this condition of the body, the accused pretended that this flattening might have been caused by the stones which she had placed upon the body in burying it. The ecchymosis, however, incontestibly proved that the injury had taken place during life, and all the circumstances seemed to establish the guilt of the accused.

It should, however, always be borne in mind that without the aid of moral proof of guilt, there is, perhaps, room for some reserve in regard to the facts elicited by the medico-legal investigation; for as the physician consulted very properly pointed out, it was not absolutely shown that the lesions revealed by the autopsy might not have been the result even of the labour. Influenced by these considerations, the Court referred to the jury the question of homicide by imprudence, which was affirmed.—*Gazette Médicale de Paris*.

Looking to all the circumstances, there is, perhaps, little ground for question, but that in this instance the death of the infant was the result of crime. The following case, however, shows the necessity for extreme caution on the part of medical witnesses, and fully justifies the reserve manifested in the one just detailed.

DEATH OF A CHILD FROM INJURY, DEPENDENT ON FORCIBLE EXPULSION.

Mrs. B., aged 30, married, and pregnant with her first child, was seized during the night with labour pains. Being a refugee from the late fire in Quebec, she occupied part of a garret in which two or three other families, and some young men, were sleeping. Feeling a delicacy at being confined under such circumstances, she suppressed her cries till daylight, when she descended into a lower apartment, in which resided a woman who had been recently confined, to whom she detailed her feelings, requesting, at the same time, that some warm water might be given her to sit over, to relieve what she described as a great pressure at the lower part of the bowels. She had scarcely seated herself on the edge of a rather high chair, when a severe pain seized her, and before any assistance could be afforded, (though one or two women were in the room,) the child was forcibly expelled, and fell head foremost on the floor, being killed on the spot. The reporter of the case was sent for immediately after Mrs. B. had descended into the lower chamber, but did not arrive till about twenty minutes after the delivery. The child, which was a remarkably fine one, was perfectly dead, and still attached by the cord to the placenta, which came away shortly after the infant. In the above case not the slightest suspicion of criminality can attach to the mother; but suppose the delivery to have taken place in private, though there would be ground for a medico-legal investigation, still,

with the fact brought before them by the Coroner, that such cases as that now reported do not unfrequently occur, a jury should be extremely cautious how they return a verdict of wilful murder against the unfortunate mother.—*British American Journal*, quoted in *Monthly Journal of Medical Science*.

TESTS FOR SUGAR IN URINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I feel much obliged to Mr. Moore for his ready reply to my query, respecting the value of the potass test; it is my intention to experiment further upon it, and I shall be glad to correct any erroneous opinion I may have formed.

I can assure him the urine was truly diabetic, and indeed it was only for the sake of *testing the tests* that it was submitted to their action. The case is yet under treatment, and will be shortly submitted to your Journal.

Yours obediently,
H. S. BELCOMBE.

Minster Yard, York, April 22, 1846.

ESCAPES FROM LUNATIC ASYLUMS.

Escapes are not only to be guarded against on account of the hazard to others of permitting dangerous lunatics to be at large, but also for the excitement which they are apt to cause to the insane themselves. An epileptic lunatic escaped from the asylum at Gateshead Fell, near Newcastle, in December, 1842. He escaped on the Saturday afternoon, and murdered his wife and daughter in a paroxysm of epileptic mania, on the Monday night. At Dunnington, near York, there were three dangerous patients, one of whom had threatened the life of a brother; another, of his wife; and another, of his wife and child—who had escaped at different times from the asylum.—*Dr. Winslow's Edition of the Lunatics' Act*.

QUEEN'S COLLEGE, BIRMINGHAM.

The Reverend Dr. Warneford has presented, through William Sands Cox, Esq., the munificent sum of *one thousand pounds* towards the erection of additional rooms for the students, halls of study, lecture room, and chemical laboratory.

MEDICAL INTELLIGENCE.

Dr. H. Bence Jones has been elected Physician, and Dr. H. Pitman, Assistant Physician, to St. George's Hospital.

Mr. Joseph Henry Green has been appointed one of the Commissioners for the government of the Pentonville Prison, in the room of the Duke of Richmond, resigned.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members Friday, April 24th, 1846:—R. Cockburn; B. Miller; W. Davenport; W. J. Collins; J. C. Clendon; G. A. Knott; E. J. Barker; D. E. Hamilton; H. Smith; J. Mulhanny; S. Chevassé.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiate, Thursday, April 16th:—George Peakett, Petersfield; Henry Peakett, Petersfield; Philip Beal, Portsea; William Smith, Derby; Allan Cleland, London; George Henry King, Southampton; Charles Mathias; William James Kite, Ramsbury, Wilts; William Bowden, Totness.

OBITUARY.

Died, April 14th, at Carlisle, aged 77, Sir Samuel Heward, Fellow of the Royal College of Surgeons, and formerly senior member of the Madras Medical Board. Sir Samuel Heward received the honour of knighthood for his exertions as chief of the Medical Staff in Ava.

April 22nd, aged 45, William Eccles, Esq., Surgeon to the Royal Free Hospital.

Recently, of diseased heart and lungs, Thomas Firth, Esq., M.D., M.R.C.S., L.A., &c.

BOOK RECEIVED.

Burial Ground Incendiarism. The Last Fire at the Bone-House in the Spa-Fields Golgotha, or the Minute Anatomy of Grave-Digging in London. By George Alfred Walker, Surgeon, Author of *Gatherings from Grave-Yards*, &c. &c. London: Longman and Co. 1846. 8vo., pp. 48.

ERRATA IN DR. WATSON'S PAPER ON THE EPIDEMIC FEVER OF LIVERPOOL.

Page 34, col. 2, l. 7, for unobserved, read "unrecorded."
l. 18, for unnoticed, read "unrecorded."
l. 38, for tympanitis, read "tympanites."
Page 35, col. 1, l. 18, for unnoticed, read "unrecorded."
l. 30, for unnoticed, read "not noted."
l. 48, for inordinate digestion, read "involuntary dejections."
Page 122, column 1, line 34, for tends, read "trends."

TO CORRESPONDENTS.

Dr. Fife's communication has been received. The conclusion of Dr. Black's paper, on Altered Conditions of the Liver, is unavoidably delayed till next week.

Investigator.—The Author of the paper entitled "Thoughts on the Structure and Functions of the Nervous System, and on their Relation to the Phenomena of the Soul," sent his name with his communication. The illustrations promised have not yet been received.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Solo.



REPORT OF THE DIRECTORS
OF THE
CLERICAL, MEDICAL, AND GENERAL LIFE
ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been **454**, and the Annual Premiums received thereon, **£9,183. 5s.**, exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to **£112,277** per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying **£4,551** within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of **£59,016. 18s. 10d.** has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,
SECRETARY.

78, Great Russell Street, Bloomsbury, London.

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.

ADVERTISEMENTS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE COUNCIL having determined that a **STUDENT IN HUMAN AND COMPARATIVE ANATOMY** shall be appointed in June next, for the period of three years, it is hereby announced, that the Candidates for such appointment must be Members of the College, under 26 years of age; and are required to transmit to the College, on or before the 19th of May next, certificates of character and professional acquirements, signed by two members of the medical profession.

Further particulars relating to the appointment may be obtained upon application to the Secretary, at the College.

EDMUND BELFOUR, Secretary.

April 29, 1846.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE COLLEGIAL TRIENNIAL PRIZE, for the best Dissertation on "The Anatomy of the Fibres of the Cerebrum, Cerebellum, and Spinal Cord, in the Human Subject, together with the Origins of the Cerebral, Spinal, and Sympathetic Nerves, specially illustrated by the Anatomy of the same parts in the lower Animals," has been awarded to Mr. **HOLMES COOTE**, of Argyll Street, Fellow of the College. And the **JACKSONIAN PRIZE**, for the best Dissertation on "Tumours of Uterus and its appendages; their Structure, Pathology, and Treatment," has been awarded to Mr. **THOMAS SAFFORD LEE**, of Upper Gordon Street, Euston Square, Member of the College.

By order,

EDMUND BELFOUR, Secretary.

TO SURGEONS AND DENTISTS.

A DESIRABLE opportunity now offers in one of the most delightful of the British Islands for a Gentleman to succeed to an **OLD ESTABLISHED PRACTICE** of a **CONSULTING AND PRACTICAL SURGEON DENTIST**, with an increasing business. Part of the purchase money may remain, upon good security, for one, two, or three years, if required; or a Gentleman unacquainted with the art will be instructed on taking the practice.

Application by letter, or otherwise, to Mr. Pyke, Medical Agent, 87, Chancery Lane; and Verulam Chambers, Chancery Lane, will receive prompt attention.

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London: W. WEBSTER, 60, Piccadilly.

MATICO.

A NEW SUPPLY JUST RECEIVED FROM PERU.

THE Members of the Medical and Surgical Profession are respectfully informed, that the new Styptic—**MATICO**—may be procured in any quantity and every form, at Thomas Keating's, Chemist, 79, St. Paul's Churchyard. A Sample of the Plant, together with a copy of the Third Edition of "Remarks on the Efficacy of Matico as a Styptic and Astringent, with Cases, Modes of Exhibition, &c. &c., by Thomas Jeffreys, M.D., of Liverpool," may be obtained, postage free, in any part of the Kingdom, by sending a pre-paid order, enclosing eighteen penny postage stamps, addressed to "Mr. KEATING, 79, St. Paul's Churchyard, London."

•• See *London Medical Gazette*, of September 26, 1845, p. 962.

TO THE MEDICAL PROFESSION GENERALLY.

No. 11, St. James's Place, St. James's.

THE PROPRIETOR of this **ESTABLISHMENT** informs the Profession, that they will find placed at their command, at the above address, those invaluable adjuncts to medical treatment, the **VAPOUR**, **DOUCHE**, **SULPHUR**, **IODINE**, **WARM-AIR BATHS**, and other **REMEDIAL AGENTS**.

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The temperature of the Vapour Room and Douches can be instantly regulated or varied to any required degree, according to the directions of the medical adviser, whilst the various douches can be applied to any portion of the body.

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N.B.—In cases where the nature or severity of the malady may require it, patients can reside in the establishment, and continue under the care of their medical attendant. Practitioners who may recommend patients without *special directions* for the administration of the treatment, may place the fullest reliance upon the experience, care, and discretion of the male and female attendants.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, APRIL 29, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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TO THE MEDICAL PROFESSION GENERALLY.

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TO WHICH THE ATTENTION OF THE
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MEDICAL AND SURGICAL ASSOCIATION
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1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmarys, or Dispensaries, or of private practice.

2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

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5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

*Four Volumes of the "Transactions" have been published in 8vo., with numerous Plates, and the *Provincial Medical and Surgical Journal* is forwarded weekly by post by the evening of publication.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

STATISTICAL AND PATHOLOGICAL OBSERVATIONS ON SOME ALTERED CONDITIONS OF THE LIVER.

By J. BLACK, M.D., Licentiate of the Royal College of Physicians, London, Senior Physician to the Union Hospital, Manchester.

(Read at the Manchester Medical Society, April 1, 1846.)

(Continued from page 179.)

MARGAROSIS, OR FATTY ALTERATION OF THE LIVER.

This altered condition of the organ, has, of late years, attracted a good deal of attention, especially since Louis had drawn the attention of pathologists to the frequency with which the liver is affected with this change, in cases of phthisis. He detected, by the look and feel alone of the liver, this fatty alteration in forty cases out of one hundred and twenty of phthisis, and its great frequency has been confirmed by many other observers.

The desire to ascertain how far the observations of Louis and others would agree with a series of inspections and analyses of the livers of persons dying with phthisis in the Union Hospital, was the principal inducement with me to enter upon the researches herewith detailed; and though I have not as yet been enabled to extend them as far, numerically, as I have wished, and still propose to myself to pursue, I beg to submit what I have already ascertained to the Society.*

Before, however, we enter upon our statistical and other results, it is necessary to understand what is meant by a fatty liver; for without some *datum* to work from, we shall have no more precise idea of what constitutes a fatty liver than a fatty person, except when their special characters are palpably declared to every observer. In order then that we may start from a definite point in our estimation of this deposit, it is first proper that we should ascertain in what proportion the *oil-fat* or *margarine* exists in a healthy liver, and thence to assign the abnormal ratios in our analysis.

Oil or fat is known to exist in almost all the textures of the human body, and in the healthy liver it is found by Boudet, (as given in "Simon's Animal Chemistry," and translated by Dr. Day for the Sydenham Society,) to amount to 1.3 per cent., while a fatty liver analysed by

the same observer contained 20.8 per cent. Now, if we hold that 1.3 per cent. to be the normal charge of this deposit, and all proportions exceeding this ratio to give the character of fatty to the organ, we shall, I believe, have a greater proportion of this altered condition of the liver in phthisical subjects than even that noted by Louis; and also in deaths from other diseases, we must recognise this alteration more often than would be readily allowed.

Taking, then, 1.5 instead of 1.3 per cent. as the normal maximum of oil-fat in the healthy liver, I find that of thirty one cases, dying with phthisis in the course of our examinations, out of the total fifty autopsies, there were eighteen which were found with livers having various proportions of oil-fat above this normal maximum. Of these thirty-one cases dying with phthisis, fourteen were males, and seventeen females. Of the former there were six instances of fatty liver, and of the latter there were twelve—shewing, so far, a greater preponderance of deaths from phthisis among females, as well as of fatty deposits in their livers. The maximum amount of fat I have met with on analysis, was thirty-two per cent. of what is more properly called *margarine*, and this was in a female, aged 28 years. She had been a practised Cyprian, and likely to be addicted to alcoholic liquors. The next greatest proportion of twenty-two per cent. was also in a female, aged 45. She had been in hospital two months, but her previous history was unknown. On inspection, her right lung, from dense tuberculosis, was found to weigh 3lb. 12½ oz. of averdupois. The highest amount of oil-fat in any of the males was 10.4 per cent. This subject was fifty years of age, had been three months in hospital, and was previously, I learned, a temperate man. Besides these cases of males dying with phthisis, I found two instances in the same sex where there was appreciable *margarosis* of the liver without any tubercles in the lungs. One of these males died of pleural effusion and cirrhosis of the liver, the other of *delirium tremens*—both betraying so far an addiction to alcoholic liquors.

One well-marked exceptional case occurred in a female, aged 29 years, who died of recent engorgement and red hepatization of the lungs, without the least vestige of a tubercle or vomica; she had also chronic peritonitis, and yet her liver, upon analysis, contained 23 per cent. of fatty deposit. The history of this woman was not recorded; for though her liver during life was found enlarged, and it weighed on inspection, 4lb. 8 oz., yet not being suspected to be fatty, enquiries were not made as to her previous habits. The case withal was interesting, as obviously negating the essential and

* As there are upon the average, 75 to 80 cases of declared phthisis in the Union Hospital annually, of which above 70 per cent. terminate fatally in the house, the opportunities afforded to the medical attendants for all statistics relative to this, as well as to other diseases, are frequent and ample.

absolute connection between fatty liver and any species of phthisis.

Though eighteen cases, in which oil-fat was found to exist beyond the normal standard, out of thirty-one persons dying with phthisis, may be held to be a very large proportion, and above what even Louis has stated; yet it must be remembered, that several of these cases containing, we may say, less than five per cent., would probably not have been recognized as fatty by either the sight or feeling. We may easily comprehend how a minor ratio might have been drawn from the same inspections, in the absence of the application of the microscope or chemical analysis. I considered, therefore, that mere tact and inspection would give a very imperfect result in a series of cases undertaken for a correct numerical object, however decided the alteration may have appeared in several of the instances, and, consequently, I submitted a portion of the liver in each instance to both the above tests, where there was any doubt, and in all cases to that of boiling or by ether, to ascertain the quantity; except in a very few, in which cases I was satisfied with the microscope, that the quantity of oil-fat was great from its being so very obvious. The method adopted to afford the most certain result, was to boil one ounce avoirdupois of the liver, previously cut into very small fragments, for an hour, in a Florence flask, then to measure the supernatant product in a long tube, graduated to two hundred parts of a cubic inch, by which I easily calculated the amount of *margarine* in grains, by simple inspection.

To show how expedient it is to submit some equivocal looking livers to either the microscope or other tests, before pronouncing absolutely on any alteration of this kind, I may mention the case of a female, aged 27, who died with phthisis, and whose liver was found to weigh 7 lb. 10 oz. It was of an ashy-buff colour, consistence moderate, but yielding like soft cheese to pressure of the finger; it had little vascularity, but was of a uniform plastic texture. It was at sight declared to be a large fatty liver of some exceptional kind, but the microscope showed no true oil-ovules nor stellar globules, but a mass of little cells and granules. On submitting it, moreover, to boiling and ether, no fat was detected; though on treating a portion with liquor potassæ and hydrochloric acid, an abundance of pure albumen was discovered. It was, therefore, a case of what is called waxy liver—a true albuminosis, not the result of inflammation, but a vito-chemical deposit.

The mode in which this oil-fat exists normally, and in slightly augmented proportions, is in small ovules in the cells, having a highly refractive power, and these ovules are well depicted by Mr. Bowman, in his plates on this subject. In this normal and primary condition, this deposit seems to consist entirely of what is called *elaine*, which is a liquid oil, till its temperature is reduced to twenty-five degrees; but when the deposit proceeds to any characteristic extent, this liquid oil becomes intermixed with, or holds in solution, a fatty matter of much more consistence, which has a crystalline or stellar appearance under the microscope. This other fatty element does not become fluid till its temperature is raised to 116°, by my trials on several specimens from the liver; and Simon states its melting point at 118°. This modified form of fatty matter is

called *margarine* by writers on animal chemistry, and it exists in combination with *olein* in human fat, and in that of the carnivora; while in the ruminantia, the fat called *stearine*, which only melts at about 144°, resides in this class, in combination with *olein*. The different appearance and consistence between beef or mutton suet and human fat or that of the carnivora, or even the hog, sufficiently declare the specialities of the two kinds, chemically as well as economically.

For the reason then that *margarine* constitutes the great bulk of livers that are fatty, I would designate this alteration, as an object in pathology, *margarosis* of the organ; though simple *olein* forms the normal deposit, and may be the solvent medium by which the other principle is conveyed to and deposited in a firmer state in the liver.

There is every reason to think that the relative proportions of these two elements vary in the human liver, giving more or less firmness or softness to the affected organ, both during life and after death; but as far as any consistence exists, where this fatty alteration is of any prominence, it is entirely owing to the firmer material, and therefore the alteration may be appropriately styled a *margarosis*.

In the primary stage of this alteration the oil-ovules seem confined to the hepatic cells, but as it advances they may be observed in the interlobular tissues, while the *margarine* seems to be deposited in masses of round or stellar globules, which encroach upon and usurp the interlobular spaces—the tissues becoming atrophied, and, consequently, the biliary apparatus and function restricted and diminished. Two most important questions about this alteration remain to be shortly considered, and these relate to its physiological causes and pathological effects.

These questions, I am sorry to say, have not advanced further than hypothetical solution. Andral supposed that a sufficient quantity of hydrogen ceases, in phthisis, to be eliminated from the bronchial membrane in the form of aqueous vapour, and hence it is separated in excess from the blood in the liver, and so produces a deposit of fatty matter in that organ.

Liebig's hypothesis, as is well known, is nearly allied to this, only he makes the carbon to be the accumulated and metamorphosed element, and to be deposited in the liver—it becoming increased in amount in the blood from its insufficient oxidation in the lungs in cases of phthisis, in which disease the vito-chemical action of these organs is either long or seriously restricted or impaired. Others again have attributed the accumulation of fat in the liver, in the wasting varieties of phthisis, to the absorption of oil-fat from the other textures and organs of the body, and to its being currently precipitated on the liver, owing to the portal capillaries being relatively of so small a calibre as to arrest the fat-ovules: while some have referred this fatty accumulation to an undetermined catalysis of the liver itself.

The hypothesis of Liebig is very ingenious, and may well be appreciated by the chemical pathologist, but I greatly doubt, whether there is any diminished consumption of oxygen in the lungs, in the majority of cases of ulcerous phthisis, though there may be in the stage of occult tubercularization. In cases where the tubercles have become softened, with subsequent ulcerations and vomicae, there is every reason to infer,

that the tissues are consuming a great quantity of oxygen; in fact, their solution and puriform decomposition are chiefly, if not entirely, owing to the metamorphic action of oxygen. At any rate we have evidence so far that *margarosis* of the liver is not essentially connected with phthisis, as we have already noticed a well-marked case, containing 23 per cent. of *margarine*, where there were no tubercles nor purulency in the lungs. This was in a female; and in two males, whom we have noted, there was to the amount of 3 per cent., and no phthisical results were detected in the lungs of either. I need not here recall, how the converse exhibits itself in the thirteen cases of phthisis, that presented, on inspection and from the usual tests, no abnormal deposit of oil-fat in the liver.*

Without attempting a satisfactory solution of the important chemical pathology of this question, it may perhaps be some aid in our future investigations and attempts to solve it, if we advert to the amount of fatty ingredients that have been ascertained to exist in healthy blood,—in the blood of phthisical patients,—and also in the respective vessels of the liver. Now, the quantity of both *olein* and *margarine* in healthy blood, according to Lecanu, one of the first accredited analysts, does not exceed 6.57 parts in 1000 of blood, and is generally less; while the blood in persons affected with phthisis, according to Andral and Gavarret, contains, at the maximum of three analyses, only 4.2 in 1000 parts; and according to Becquerel and Rodier's analysis of the blood in nine affected with phthisis, the same quantity was found to contain only 1.554 parts at a maximum. Taking the above analyses as generally representing the relative charges of fatty matter in health and in phthisis, there is little support for the view that there is in this disease a surcharge of oily or fatty matters in the blood for to be deposited in the liver. The elements, however, of oil-fat, viz., carbon and hydrogen, may be said to exist in excess in the blood in phthisis, and to undergo their catalytic deposition in the liver. To this we can only say, that as no analysis has yet verified this supposition, it can form no ground for pathological reasoning. Confining our research to the proximate element, it appears from the analysis of the blood both from the *vena porta* and *hepatic vein*, as compared with the general venous and arterial blood, as given in "Simon's Animal Chemistry," vol. 1, (Sydenham Society,) that the blood of the *vena porta* contains about double the amount of fat that arterial blood does, and even above a fourth part more than is carried off from the liver by the hepatic vein. In the normal function of the liver, the excess of fat in the afferent vessel is very probably disposed of in the cell-elaboration of the bile—a metamorphosis of carbon. In the healthy tension of the liver and system at large, this secretion is as freely per-

formed, as it is regularly demanded for the wants of primary assimilation; but when these demands become limited or impaired, as in phthisis, the tension of the cell-life will also become reduced, so that the fat of the portal blood, instead of being metamorphosed to its normal amount, as bile, will be simply retained, by some molecular attraction, in the cells and tissues of the liver.

Without further enlarging upon this view of a very recondite process, and wishing it to be taken only for what it is worth, I shall conclude with the few remarks which I have simply been enabled to deduce from a survey of the cases under the last head of the paper, viz., that *margarosis*, is chiefly observed in cases of phthisis, and in women more than in men. My observations also lead me to infer that it occurs oftener in chronic cases than in those more acute, or of short duration; and that it is more frequently observed in cases where, during life, the digestive organs and assimilating functions have been in a fair state of integrity and force, notwithstanding ulcerations have been found in the lower ilea after death. I am inclined to coincide with some others, that this abnormal deposit is more peculiar to phthisical females who have been addicted to spirit-drinking; but my observations on this point have as yet not been so ample or correct, as to induce me to hold the connection absolute or even general.

As to the symptoms of *margarosis* of the liver, they by no means declare themselves in the great majority of cases by either pain or uneasiness in the seat of the organ; it is only when the liver becomes much enlarged from the deposit, that a sensation of fulness or of a slight weight is complained of. It is indeed surprising to find the bulk of such fatty livers giving so little uneasiness; but when we consider that they are very light relatively to their size, we may account for the rare complaints that are made of their presence. The biliary function also seems to be neither impeded nor altered, but only in degree, by the deposit—owing probably to the little interference with, or pressure on, the vascular and biliary capillaries, from the gradual deposition of the soft oil-fat among their tissues and in the hepatic cells. As the process proceeds, the amount of secreted bile diminishes, though it may be quite normal in quality, and its amount is likely to be, in general, equal to the demands of the assimilating functions; while, *pari passu*, the anatomical tissues of the organ become atrophied and supplanted by the deposit.

The *physical diagnosis* is not well declared, till the organ becomes much enlarged, and sometimes not even then, except by careful percussion, for the fatty liver during life is softer and more yielding than one that is not so, and more especially if the *olein* element should more than usually prevail in the deposit. This difficulty of easy or early diagnosis is less to be regretted, as the affection seems not to present nor call for any therapeutic indication. It is one of the most innocent alterations which the organ undergoes; and perhaps, for anything that can be appreciated by science or observation, it may be one of those vicarious and compensating secretions that tend rather to protract than shorten existence, in those afflicted with serious diseases of the lungs or other organs.

* Still further to show the want of an absolute pathological connection between phthisis and fatty liver, M. Catteloup, in his "Report of the Diseases of Algeria," observes, "In the course of our researches we have remarked the frequency of a change of structure in subjects, who, offering every appearance of phthisis, yet were quite exempt from tubercle—I mean the yellow-looking and fatty liver." "In France the coincidence of the fatty liver and phthisis is frequently observed; in Algeria, this morbid condition (fatty liver,) is observed alone, no disease existing in the lung."—*Medico-Chirurgical Review*, January, 1816.

CASE OF INJURY TO THE BACK, WITH SUBSEQUENT ENLARGEMENT OF THE MAMMÆ AND WASTING OF THE TESTES.

By W. J. GORRINGE, Esq., Surgeon.

William R., aged 60, was admitted a patient at the North London Hospital, February 3rd, 1840, labouring under slight bronchitis, and at the same time presenting extreme enlargement of the mammæ, and wasting of the testes, apparently the result of an injury to the back. He was originally apprenticed to a fisherman; at the age of 21, went abroad as a sailor; was subsequently a labourer, and has lately been in Spain. From an early period of his life says he has been particularly devoted to the female sex, and at the age of 16, entered a club which was established at Rochester, for the purpose of enabling its members to obtain women in the most economical manner. At the age of 30 he married, but still continued somewhat gregarious in his habits; he had one child by his wife; her health, however, was extremely bad, and she died in two years. Six months after her death, he again married, and had two children. He states, however, that he was seldom ever able to perform his matrimonial duties at home, in consequence of his wife generally coming home late, and tired, from washing, and hence occasionally performed them elsewhere.

About two years and a half ago, he left England, and enlisted in the service of the Queen of Spain, in consequence of having been discovered by his wife in a "faux pas" with another woman. On the 30th of August, being pursued by Don Carlos, after a skirmish, he had to cross a trench that lay in his way, and in attempting to leap it, he fell with his chest against the edge of its opposite side. The concussion he sustained was so great, that he fell upon his back to the bottom, a distance of ten feet, and received a blow upon his loins, and another upon his neck over the second cervical vertebra. He remained insensible about four hours, during which time he received some slight injuries on the back of his head from the enemy; and then made his way to the hospital. Three days after this accident he felt great pain, of an aching throbbing character, in his mammæ, which became red and enlarged; continuing to do so for about a month. Five weeks after the accident, he felt severe darting pains from the lumbar region in the direction of the cord to the testicles. The testicles now felt hot and painful, and from this time continued gradually to waste; his voice soon after became altered, and more feminine; his beard grew softer, and he mentioned that an alteration took place in the back of his head.

His mammæ now are extremely enlarged, pendulous, heavy, and somewhat knotted; the nipple is surrounded by an areola, of about the breadth of an inch, but faintly coloured; the breast has no appearance of containing milk, even by applying a cupping glass; the right testicle has almost totally disappeared, and the left is about half its natural size. Previously to the accident, he possessed perfect virility, but has subsequently lost all power of sexual intercourse, and has not had an erection. On one occasion he attempted connexion with a woman, but discovered it

to be taken occasionally.

Feb. 11th. Left the hospital at his own request, the bronchitis being considerably relieved.

Dimensions of Mammæ.

Circumference at base 14 inches.
Length transversely 7 "
Length vertically 6 "

Dimensions of Head.

Horizontal circumference 22½ inches.
Between summit of each ear vertically . 11 "
Between upper and anterior part of each ear posteriorly 10½ "
Between lobes of each ear posteriorly . 9 "
April, 1846.

ON DISEASES OF THE EYE.

(Continued from page 193.)

DIVISION I.—CLASS II.

Effects of Inflammation.

1.—Opacities and Specks on the Cornea.

a Nebula, (a cloud,) is the slightest degree, and presents a diffused cloudiness.

b. c. Albugo, (albus, white,) and leucoma, (λευκος, white,) are more complete; the former from inflammation, &c.,—the latter from wound.

2.—Staphyloma, (σταφυλη, a bunch of grapes,) any protrusion or projection on the front of the eye.

The cornea becomes opaque and forms a whitish or bluish tumour. It may be either partial or total.

3.—Ulcer of the Cornea.

Has a pale ash colour, high irregular edges, and is surrounded by a cloudiness of the cornea. It is disposed to spread.

4.—Onyx, (ονυξ, the nail.)

Abscess of the cornea is semilunar, and generally situated on its lower edge. It remains fixed though the head is moved.

5.—Hypopyon, (ὑπο, under; πυον, pus.)

Effusion of pus into the chamber of the aqueous humour. It often shifts its position.

6.—Synecchia, (συν, together; χη, to hold.)

Adhesion of the iris; this may be either to the cornea or lens,—anterior or posterior.

7.—Prolapsus of the Iris, (prolabor, to fall forward.) Syn. Staphyloma racemosum.

Protrusion of the iris through a wound or ulcerating opening in the cornea. The pupil deviates towards the seat of the prolapsus.

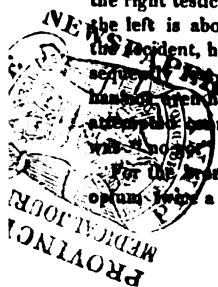
8.—Closure of the Pupil.

The iris becomes motionless and appears radiated and wrinkled.

9.—Hydrophthalmia, (υδωρ, water; οφθαλμος, the eye.)

Dropsy of the eye. It is generally unconnected with other forms of dropsy.

a Dropsy of the Chambers of the eye. Great prominence of the cornea, &c.; at first the eye is far-sighted.



b Dropsy of the Vitreous humour. Short sight, and deep blue colour of the sclerotic, &c.

c Dropsy between the sclerotic and choroid, (sub-sclerotic.) *Diagn.* difficult.

10.—Cataract, (*καρα*, thoroughly; *αμασσω*, to confound.) Opacity of the crystalline lens.

a True cataract, is seated in the lens, its capsule, or the fluid of Morgagni.

b False cataract, consists of an opaque deposit in front of the lens.

Objects appear in a *mist*, the opacity most frequently first appears in the *centre* of the pupil; hence objects are more readily seen on one side than in front of the eye, and in the shade than in a strong light. The action of the iris is not affected. The opacity is generally greyish, white, or amber coloured.

Catoptrical exploration of the lens. If, when the pupil is dilated with belladonna, a lighted candle is held before the eye, three reflected images of it are seen one behind the other; the anterior and posterior are erect, and the middle one is inverted. If the candle be moved, the two erect images follow it, but the inverted one moves in the opposite direction. The anterior erect image is produced by the cornea, the posterior by the anterior surface of the lens, and the middle or inverted image by the posterior surfaces of the lens.—*Cyclopædia of Practical Surgery.*

11.—Glaucoma* (*γλαυκος*, a sea-green colour.)

Pupil greenish and dilated, iris sluggish and of a dull leaden or dirty green colour. Eye painful, its vessels distended and vision generally destroyed. The greenish appearance is *deep-seated*, and the catoptrical exploration of the lens shows it to be clear. *Path.* Inflammation and thickening of the retina? (Scarpa,) of the vitreous humor? (Beer.)

12.—Amaurosis (*αμαυρος*, obscure.)

Loss of sight from affection of the retina, optic nerve, or brain. There is a staring *vacant* expression from want of proper control over the affected eye; the iris is sluggish, and dilated or contracted; in some cases it continues to act, though the patient is totally blind.

a Complete Amaurosis—total blindness.

b Incomplete Amaurosis—partial blindness.

CLASS III.

Malignant Diseases of the Eye.

1.—Scirrhus, (*σκιρρος*, a fragment of marble,)—or chronic cancer, (*καρκινος*, a crab.)

It usually begins in the conjunctiva.

2.—Encephaloma, (*κεφαλη*, the brain,)—or acute cancer.

It first attacks the optic nerve and retina; and occurs chiefly in children.

3.—Melanoma (*μελας*, black,)—or black cancer.

Black matter, liquid or compact, contained in a loose areolar tissue.

* This term is preferable to "glaucoma," because the final one implies external protuberance, as in staphyloma, sarcoma, &c.

ANALYTICAL TABLE.

Effects of Inflammation.

External—

Cornea opaque . . .	1. Opacities and Specks on the Cornea.
Slightly . . .	<i>a</i> Nebula.
More completely . . .	
From inflammation . . .	<i>b</i> Albugo.
From a wound . . .	<i>c</i> Leucoma.
Projection on the front of the eye . . .	2. Staphyloma.
Cornea ulcerated . . .	3. Ulcer of the Cornea.
Abscess of the cornea semi-lunar and fixed . . .	4. Onyx.

Internal—

Pus in chamber of aqueous humour, position <i>shifting</i> . . .	5. Hypopyon.
Iris adherent . . .	6. Synechia.
Iris protruded . . .	7. Prolapsus of the Iris.
Pupil closed . . .	8. Closure of the Pupil.
Dropsy of the eye . . .	9. Hydrophthalmia.
	<i>a</i> Of the Chamber.
	<i>b</i> Of the Vitreous humour.
	<i>c</i> Subaclearotic.
Lens opaque . . .	10. Cataract.
	<i>a</i> True.
	<i>b</i> False.

A deep-seated greenish appearance . . .	11. Glaucoma.
A vacant stare . . .	12. Amaurosis.

Malignant Diseases.

Chronic cancer . . .	1. Scirrhus.
Acute . . .	2. Encephaloma.
Black . . .	3. Melanoma.

(To be continued.)

CUMBERLAND INFIRMARY, CARLISLE.

MALIGNANT DISEASE OF THE EYE :
EXTIRPATION.

(Communicated by Wm. B. PAGE, Esq., Surgeon to the Infirmary.)

Catherine P., aged 76, married, and during the greater part of her life occupied as a cook, was admitted into the Cumberland Infirmary, April 23rd, on account of a tumour in the globe of the eye. Her history is as follows:—For a length of time she had been subject to occasional attacks of inflammation of the right eye, attended with much suffering, and about a year since, after one of these attacks, more than usually protracted and severe, she found that her vision in that eye was considerably impaired. About the same period she suffered much from an enlargement which she then, for the first time, discovered on the surface of the globe, and which has gradually, though slowly, increased in size up to the present time. Her power of vision became rapidly less, so that at the end of about the second month she was totally blind in that eye, and she then found that an alteration had taken place in the appearance of the interior of the eye, which increased until it presented the aspect it at present bears. Her life throughout the whole of the foregoing period has been one of almost uninterrupted suffering.

The severe lancinating pain to which she has been subject in the eye, together with the pain in the brow and orbit, the loss of rest consequent on the nocturnal exacerbations, and the general functional derangement resulting from these combined causes, have reduced her from a state of health and activity, to one of disease and incapacity for exertion. She has for a considerable period been under medical treatment, and was about three months since an in-patient of this hospital for two or three weeks, when she obtained so much relief from the administration of opiates, that she was unwilling to be subjected to any operative interference. The disease at that time, though not so far advanced, was but little less unequivocal in its character than at present. She is now considerably emaciated, and presents the aspect peculiar to those affected with malignant disease, attended with long-continued suffering.

The eye is somewhat increased in size, and the lower lid rendered prominent by a tumour which protrudes between the lids, and prevents their closure. This tumour is firm and lobulated, about the size of three small peas, closely adherent to the sclerotic coat on the inner and lower part of the surface of the globe, and slightly overlapping the cornea; it is firm and unyielding in structure, painful on pressure, and apparently of a pale yellow colour upon its surface, which can, however, with difficulty be seen, owing to the numerous small red vessels with which it is covered. The natural whiteness of the sclerotic is lost, and has become changed into a pale dusky leaden hue, with numerous large varicose vessels ramifying on its surface. On examination of the interior of the globe through the cornea, a minute portion of a discoloured greenish iris is visible on the upper and outer part, protruded forwards against the cornea, the remaining portion of the anterior chamber being occupied by a tumour, which appears to have proceeded from the posterior part of the eye; this tumour, at its upper part, is of a dirty red colour, while the lower part, which covers nearly half the internal surface of the cornea, presents a black melanotic appearance. The globe is exquisitely sensitive; there is constant profuse lachrymation, and she says she is never free from a severe burning sensation.

The history of the case, together with the symptoms, and appearance of the globe, led to the tolerably certain conclusion that the disease was of a malignant nature, amenable to but one mode of treatment, and that dangerous and uncertain—the extirpation of the globe. On the one hand, we had her age, which rendered any operation hazardous, the possibility that some other part was similarly affected, and the probability, almost amounting to a certainty, that a like disease would sooner or later manifest itself either in the neighbouring structures or elsewhere. On the other hand, we had the constant suffering which she endured, the apparent limitation of the disease to the eye itself, and the probability that if the operation were successful she would enjoy an interval of ease, even should the disease again appear, which it might fairly be hoped would not be the case, as at her advanced age it could not be expected that her life would be prolonged for any very lengthened period. Taking all these circumstances into account, it was resolved to propose to her the removal of the affected

organ, she being at the same time fully apprized both of the immediate danger incurred, and the uncertainty of its being attended with a beneficial result. She at once unhesitatingly resolved to submit to the operation proposed, and with anxiety and impatience looked forward to the period of its accomplishment.

April 28th. The patient being placed on a couch, the head supported and held firmly by an assistant, an incision, about half an inch in length, was made from the outer canthus, in order to render more easy the exposure of the globe; the lids were now separated, and a sharp-pointed bistoury was passed deeply into the orbit, and carried completely round; the globe was next drawn gently forwards with a vulsellum, and the optic nerve and other structures which remained, divided by a pair of curved scissors, and the eye removed. Having waited for some little time, until the hæmorrhage had ceased, the wound of the outer canthus was brought together by a suture, and the lids were carefully closed, a piece of lint being placed upon them, and retained in its position by a bandage. Neither by word nor gesture did she give any evidence of pain during the operation.

A draught of port wine and opium was administered, and she was placed in bed. In the evening she expressed herself as being quite comfortable, and, with the exception of some soreness, free from pain, or as she expressively described it, "quite in heaven."

29th. Is quite overflowing with gratitude and thankfulness for the relief afforded by the operation, and for the comfortable night she had passed—the first she had had for more than a year. The bandage is saturated with blood, but her state is altogether satisfactory.

May 1st. Healthy suppuration is established in the orbit, and she is going on favourably in every respect.

11th. Has continued to improve, and the discharge from the orbit has now quite ceased.

14th. Discharged in greatly improved health and spirits.

A few weeks after she was seen washing the steps of a house in which she was engaged as char-woman, when she stated she was quite well, free from all pain, and very thankful she had got rid of the offending member.

From this time I heard nothing of her until after her death, which occurred on the 31st of December. Mr. Armstrong, of the Carlisle Dispensary, who attended her, informs me that she first consulted him about the end of October, in consequence of some dyspeptic symptoms, arising from derangement of the functions of the liver; that the organ gradually increased in size, attended with much suffering until the time of her death, but as no *post-mortem* examination was made, the precise nature of the disease was not discovered.

An incision having been made into the tumour on the *external surface* of the eye, it was found to be of a hard cartilaginous structure, of a palish yellow colour, intersected with numerous dense white bands characteristic of scirrhus, its base was firmly adherent to, and intimately connected with, the sclerotic coat, which was here somewhat thickened. On a section of the eyeball being made, another tumour was found arising from the *internal surface* of the sclerotic at its posterior and inner portion, occupying the greater part of the posterior chamber; it had *nearly destroyed* all trace of the vitreous humour and lens, and in its

progress forwards, all the other internal structures of the eye. The surface of this *internal tumour* presented shades of colour, varying from a dusky red to black; in its interior the same colours were perceived, but instead of the black portions being blended with and lost in the surrounding redness, as on its surface, they were separated from it by well defined margins. It was composed in part of a reddish grey structure of a brain-like consistence, and in part of a pulraceous matter of a much less firm character, of a dark brown colour, almost approaching to black, with which the fingers became stained during the examination.

PROVINCIAL
Medical & Surgical Journal.
WEDNESDAY, MAY 6, 1846.

It is known that a large amount of the population of Liverpool inhabit confined streets, courts, and cellars, and the investigations of Dr. Duncan have shewn the crowded state and wretched condition of many of these localities. From the "Liverpool Health of Town's Advocate" it appears that if the whole area of *London, built and unbuilt*, be compared with the same area of Liverpool, the population is nearly four times as dense in Liverpool as it is in London. In the houses alone, area for area, Liverpool is above two-and-a-half times more densely populated. Dr. Duncan mentions a district containing about 12,000 inhabitants on a surface of 105,000 square yards, which is in the ratio of 460,000 to the square mile. Part of this district contained in 1841, 811 houses and 7,938 inhabitants, on an area of about 49,000 square yards, which gives a density of 657,963 to the geographical square mile! In the same year London contained 1,900,000 inhabitants, and every square mile of building accommodated about 50,000 people. Now, by the last census, Great Britain and Ireland contained 26½ millions; and if we could suppose 25 millions of these crowded into the present houses of London, we should have some conception of the condition of the people in that district of Liverpool. One instance is given by Dr. Duncan, out of a number of others, of a court in Crosbie Street, containing 118 inhabitants, on an area of 150 square yards. The usual average is nearly seven inmates to each house, while in this court it is fifteen to each; and there are entire streets where the average is nearly as high.

Many of the cellars, from defect of drainage, are partially flooded with refuse water of the most offensive description, the water being lodged either in pools on the floor or in wells sunk for the purpose. The water from several of these cellars has been examined by Dr. Brett, and also by Dr. Watson, from whose statements this account is taken.

A specimen of the water taken from one cellar was turbid from organic matter, mainly in suspension, slightly alkaline from the presence of ammonia; it was found also to contain small quantities of sulphuretted hydrogen, in combination with ammonia. A specimen of the water obtained from another cellar, vacant about twelve months, did not give any evidence of the presence of sulphuretted hydrogen or ammonia, probably owing to the fact of its being copiously diluted with escape water; it was rather slightly acid than alkaline, in which respect it differed from other water taken from cellars which have been examined, where an alkaline tendency was noted, owing to the presence of ammonia, the product, no doubt, of the decomposition of *animal matter*, frequently deposited in no inconsiderable quantities in these now uninhabited and uninhabitable depôts for filth.

In another dwelling the cellar was in a flooded state, and yielded a disgusting, sour, nauseous odour. The tenants above had been only two months there, and say they found it in the present state. A specimen of the water did not exhibit any acidity, but was turbid from dark-coloured matter held in suspension. When the water was evaporated a nauseating vapour arose: it was found to yield 23 grains of solid matter to the imperial pint, or 224 grains to the gallon. *About one-half of this solid residue consisted of azotised organic matter, most probably of an animal origin.* The presence of so much organic matter would doubtless, as Dr. Watson remarks, under the high temperature which prevails in the summer season, give rise to the production of effluvia highly injurious to health. In a back cellar in a court in this locality, a well existed in the centre of the floor, which was full of the most horribly fetid water; into which all sorts of animal matter was thrown, consisting of dead cats and dogs, and various excrementitious matters. The water from this sink of abomination was of a very dark colour, and had a highly offensive odour. When heated, a most nauseating vapour arose. The water was found to be distinctly alkaline, so as to redden turmeric paper; when mixed with lime, ammonia was set free; sulphuretted hydrogen was found to be present, being readily disengaged by the addition of an acid to the water, and its presence was further distinctly indicated by blackening salts of lead and silver. This water yielded, by evaporation, solid matter in the proportion of 100 grains to the imperial pint, or 800 grains to the gallon, and of this matter, one-third was azotised organic matter. Independently, therefore, of the injurious effects which would be produced from the disengagement of sulphuretted hydrogen (a most poisonous gas) there can be little doubt but that during the heats of summer rapid decomposition of

azotised organic matter would go on, giving rise to effluvia of a most noxious character.

Such is a brief abstract of some of Dr. Watson's observations, and it is obvious that if these abominations are tolerated in the midst of a crowded population, the mere removal of the inhabitants from the cellars, which has to a great extent taken place, will tend only to convert these receptacles into so many foci of disease, from which the whole town and neighbourhood must eventually suffer. But is Liverpool the only provincial town which is thus circumstanced? Peculiar features no doubt will be found to exist there in the extent of cellarage now devoted to the purpose of receiving refuse and excrementitious matters; but were a visitation and inspection, similar to that so efficiently carried on in Liverpool, instituted in other large towns,—were their crowded courts and alleys, their drainage, sinks and sewers, in like manner investigated, various abuses would be revealed, the removal of which would well repay any expense to which the public funds might in consequence become chargeable. The work has been commenced in some of the larger manufacturing towns, but only commenced; when it is really undertaken in earnest, and the appropriate remedies applied, incalculable benefit must be the result.

Dr. Quain's Anatomy. Fifth Edition. By Mr. QUAIN and Dr. SHARPEY. Part II. London: 1846. 8vo. pp. c., and 454, with numerous wood-cuts.

If the requirements of Universities, Colleges, and Schools of Medicine from the candidates for their diplomas and licences are greater in these days than formerly, and the qualifications which their graduates and licentiates are expected to possess more extended, the facilities for study are also greatly increased. The elementary works to which the student had access in his days of pupillage in former times were of a far different character from those which are now issued from the press. The dry and often obscure details of close description were then left without the aid of illustration to make their impression on the mind as they best might; or if plates and figures were referred to, it was only bidding the hungry to go and be filled, without furnishing him with the means by which he might purchase wherewithal to satisfy his cravings. Text-books in which illustrations, few and far between, were found scattered throughout their pages, were also expensive, and often beyond the student's means, and folios of plates were either absolutely inaccessible, or to be found only on the shelves of college libraries for occasional consultation.

Turn to the systems and manuals of the present day: here we have the knowledge of the times set forth in the most attractive form, the typography

clear, the descriptions readable and graphic, the illustrations singularly beautiful and accurate, and of every subject which admits of them, and the works themselves published at such moderate expense as to be accessible to all.

Let us not be misunderstood; these facilities to the acquirement of knowledge must be kept to their proper uses, and if the student should be thereby induced to neglect his attendance in the dissecting room, the laboratory, or the hospital, they will be injurious rather than serviceable to his future progress. The most elaborate illustrations, however they may assist in rendering the description of matters of detail intelligible, can do no more than convey a representation of the ideas of another, can never be a substitute for practical familiarity with the objects of nature or the productions and processes of art. The scalpel, the microscope, and the instruments of analysis, must still be the student's dependence, and according to his familiarity with these, will be his progress in the acquirement of sound knowledge.

To apply the preceding observations to the work before us is unnecessary; the merits of "*Dr. Quain's Anatomy*" are too well known, and too justly appreciated, to render commendation requisite. It should, however, be stated that this new edition, the fifth, is carefully brought up to the present state of knowledge, and that much of this volume has been, in consequence, re-written. The numerous illustrations are accurate and appropriate, and will be found useful, not only in the elucidation of the text, but as pointing out to the young anatomist what he is to look for in the dissecting room. The work will be found equally valuable as a text-book in the lecture-room, and whether regarded as such, or as a treatise of anatomy, which may at all times be referred to for information on the science, is admirably calculated to fulfil the objects for which it is intended.

COMMITTEE OF ASSOCIATED SURGEONS.

At a meeting of the Committee, Monday, April 27, present—G. Bottomley, Esq., Surgeon, of Croydon, in the Chair,—Messrs. Pon, Arthur Hassall, Yearsley, Patterson, Bloxam, Baylis, J. R. Harrison, Lewis, Wakley, Phillips, Abraham, J. R. Lynch, John Hunter, Outley, and others:—

The deputation appointed to meet the Sub-committee of the National Association, for the purpose of ascertaining the exact meaning of that portion of the proposed plan for a National Institute of Medicine and Surgery, which defines the parties who are to be admissible as members, reported that they had had an interview with the Sub-committee on Friday, and the following was a brief summary of the information received:—

Several of the Sub-committee stated that the intention of the Committee of the National Association,

in proposing the formation of the intended institute, was "to provide a home for the general practitioner," and not to aim at establishing a single faculty of medicine; one or two gentlemen, however, added, that they thought the formation of a powerful union between the members of this great branch of the profession very likely, ultimately, to lead to such a result.

To the question, "Whether it was intended that members of the Royal College of Surgeons should be admitted to the Institute, though having no other licence to practise?" it was replied—Certainly; that in the first instance all members of the several colleges of surgeons would be admissible, but that after six months the Council would have to determine whether they possessed satisfactory evidence of their qualification to practise all branches of the profession,—namely, whether they had proved themselves qualified to practise medicine and midwifery as well as surgery.

As regards physicians, the same rule would be observed, except in the case of a fellow or member of any college, the by-laws of which restrained him from practising all branches of his profession, and which would accordingly incapacitate him from joining an institute of practitioners of all departments of medicine; at the end of six months it would be in the power of the Council to reject a candidate for admission should they not be satisfied with the testimonials of his fitness to practise in all departments of medicine.

The deputation then urged on the Sub-committee the propriety of opening the doors of the proposed Institute to all qualified members of the profession; they believed that the right way to combat exclusiveness, was not by the establishment of new exclusive bodies, but by the formation of an institution which should be open to all; if any parties chose, by absurd restriction, to exclude themselves, with them should rest the blame. The deputation also stated they believed a strong and very general desire existed for the formation of a Faculty of Medicine, and that the more nearly the new Institute should attain that character, the more willingness there would be to support it.

The conduct of the deputation was loudly applauded, and after an exceedingly animated and interesting discussion, the following resolutions were passed unanimously:—

Moved by Mr. Hassall, and seconded by Mr. F'ou,—

"That the report of the Sub-committee be received and adopted."

Moved by Mr. Phillips, seconded by Mr. J. Hunter, and resolved,—

"That this Committee finds, with much regret, that the Provisional Committee of the National Association is still desirous to establish a society for a single section of the profession rather than to unite all branches into one institution."

Moved by Mr. Abraham, seconded by Mr. Patterson, and resolved,—

"That this Committee is firmly of opinion that, in the present crisis of medical affairs, in order to found a National Institute of Medicine and Surgery on a just and permanent basis, it should be open to the admission,

(both now and in future,) of all the legally-qualified members of the profession, whether belonging to the English, Irish, or Scotch Colleges."

Moved by Mr. Bloxam, seconded by Mr. Harrison, and resolved,—

"That it is highly desirable that the members of the profession generally should, without any delay, declare to the Committees of the Associations with which they are connected, that they are favourable to the establishment of an institution in medicine and surgery, into which *all* legally-qualified practitioners should be admitted on terms of perfect and undeviating equality; and that it is especially necessary that such members should attend the general meeting of the profession, (soon to be convened in London by the Provisional Committee of the National Association,) and thus, by their presence and their votes, give the most powerful effect to the principles they advocate."—*Lancet*.

Selections, &c.

CONTAGIOUSNESS OF PUERPERAL FEVER.

The following propositions have been deduced by Dr. Samuel Kneeland, of Boston, United States, from a series of facts collected by him on this subject:—

1. From the confinement of cases to the practice of single physicians and nurses in populous cities; from the fatal results attending *post-mortem* examinations; from its ravages in hospitals; it is concluded that puerperal fever is contagious; that it may have other modes of propagation, in certain states of the atmosphere, and among strongly predisposed individuals; but that the fact of its conveyance by practitioners attests its contagiousness.

2. That it may be propagated by direct inoculation with the fluids of the living and the dead; by the effluvia arising from the bodies of the sick, inhaled in the very chamber of death, (as in the wards of a hospital,) or carried about by the person of the physician; by clothes, bedding, (fomites,) which have been in contact with a diseased individual.

3. That the order of propagation from the physician to the patient, and the regular succession of cases, show that the epidemics of puerperal fever are, in almost all cases, the *effects*, and not the *causes* of the contagion.

4. The contagion acts according to the frequency of communication between the physician or nurse, (in whose practice cases occur,) and lying-in women, independently of insalubrity of places, wretchedness of patients, or the neighbourhood of dwellings—for, although poverty and misery seem to predispose to it, communication is none the less fatal to the higher classes.

5. A case, to all appearance sporadic, may communicate the disease; a mild case may communicate a severe disease, and *vice versa*.

6. Immunity proves nothing against contagion; it may be the effect of an acquired or temporary inaptitude; it is equally inexplicable in all contagious diseases.

7. The rapidity of its propagation shows that the disease is contagious at the commencement; the fatal results of attending autopsies indicate this character after death.

8. That a physician should not make or be present at an autopsy of this disease; or, if he does, should take proper measures to cleanse himself and dress, for the safety of his next patient;—that if a case (or several cases) occur in his practice, he should consider himself, in the language of Dr. Holmes, “a private pestilence,” and regulate his conduct accordingly;—that persons who have washed, or have otherwise handled, the clothes or bedding soiled by the discharges in this disease, should not approach, much less nurse, a woman after delivery.

9. That when the disease is prevalent, a prompt removal from possible intercourse with a “pestilential” physician, and a strict attention to ventilation, cleanliness, quiet, proper food, &c., are the dictates of a reasonable fear.—*American Journal of the Medical Sciences.*

TWINS BORN WITH AN INTERVAL OF TWO MONTHS.

A young female, married eighteen months, was delivered March 24th, at the eighth month, of a viable child, which however had not attained its full development. The labour was easy, and the placenta came away spontaneously a quarter of an hour afterwards. Nothing remarkable followed the delivery, except that the mammae did not enlarge; the infant was put to nurse. During convalescence, the woman thought she felt distinct movements of another child, and the abdomen increased in size. On the 20th of May, she was again seized with the pains of child-birth, and brought forth a second child perfectly formed, more robust, and weighing more than the first. On the third day the breasts became swollen, and strong fever showed itself, after which the patient had milk enough to nurse both infants. The case is reported by Dr. Wilberg, in the *Annalen der Staatsarzneikunde*.

NEW MODE OF ADMINISTERING THE SULPHATE OF QUININE.

A memoir on the use of sulphate of quinine in intermittent fever, by friction on the mucous surface of the mouth and fauces, has been addressed to the Académie des Sciences, Paris, by M. Ducros. The following are the conclusions at which he has arrived:—

1. The sulphate of quinine administered in sulphuric ether, by frictions on the tongue, the velum pendulum, the inside of the cheeks, and back of the pharynx, causes an abundant salivation with a strongly marked bitter taste in the dose of five centigrammes.* The reaction on the spinal marrow excited by this dose is stronger than would have been produced by two grammes† taken into the stomach or intestinal canal.

2. The action of sulphate of quinine administered in this manner, is almost instantaneous, whether employed in malignant intermittents, in simple agues, or in temporo-facial neuralgia.

3. This immediate therapeutic action is especially important in malignant intermittent, since given in other methods the sulphate of quinine requires to be taken several hours before the paroxysm, while by this method it is sufficient if it be administered half an hour before the access.

4. A still greater advantage of thus employing the quinine in small doses, is the avoiding of all risk of poisoning by the remedy.

* About three quarters of a grain.

† Half a drachm.

5. The rapidity of this action of the quinine in temporo-facial neuralgia is also a most important advantage.

PHYSIOLOGICAL EFFECTS OF SULPHURIC ETHER ADMINISTERED BY FRICTION ON THE MOUTH AND FAUCES.

A memoir on this subject has been addressed to the Académie des Sciences by the same author. The following are his conclusions:—

1. Sulphuric ether, employed in frictions on the mouth and fauces, causes, in gallinaceous animals, instantaneous sleep, characterized by closing of the eyes, and setting up (*hissemant*) of the feathers.

2. If morphia, acetate of morphia, or extract of opium, be given during this sleep, the sleep, instead of being augmented, is instantly destroyed;—whence M. Ducros concludes, that in the gallinaceæ, opiates are the antidotes to sulphuric ether.

3. If ether be given in poisoning by opium, the symptoms of poisoning are increased.

4. The soporiferous effects of ether thus administered to fowls, are also manifested in other animals and in man.

5. In cases of hypochondriasis attended with want of sleep, with wandering pains in the chest and abdomen, sulphuric ether employed in frictions on the tongue, velum pendulum, tonsils, and back of the pharynx, procures an agreeable sleep and calms the pains, and especially possesses these advantages in the midst of nervous excitement, when narcotics only tend to augment the general irritability.

6. In the convulsions of pregnant or child-bearing women, in the convulsions of the newly-born, in hysterical attacks, in epileptiform paroxysms complicated with trismus setting of the teeth, and spasm of the œsophagus, where swallowing is impracticable, if the cavity of the mouth and pharynx be rubbed by means of a camel's-hair pencil dipped in sulphuric ether, the nervous attacks which, by long duration, might prove fatal, may generally be arrested.

ILLEGALITY OF THE PROCEEDINGS OF THE ROYAL COLLEGE OF SURGEONS.

The following letter on the illegality of the proceedings of the Council of the College of Surgeons, in reference to the exclusion of a large body of the members of the College from the Council, has been addressed by a Barrister to the Editor of the *Medical Gazette*:—

Sir,—My attention has been drawn by a medical friend to the paragraph extracted from the *Times*, in your last number, relative to the revocation on the part of the Council of the College of Surgeons, of their censure on the Hunterian orator, on the ground of its *illegality*, an objection which it seems is based upon the opinion of the solicitor to the College. I have also perused your very able article on the question of the fellowship, which has given rise to so much discussion among the members of the College, and having expressed a strong opinion upon that subject, I have been requested by the same friend to put my sentiments into the form of a letter to yourself, which I hope you will do me the honour of inserting.

The Council it seems are rather hasty in their proceedings, and do not always take the precaution of consulting their legal advisers, as the instance alluded to evidences, and however unpalatable it may be to be obliged to make retrograde movements, it appears to me that the above is not the only instance in which the Council might be compelled to retrace their proceedings if the members are in earnest.

In the book of Ordinances of the College, sect. 18, under the head of "Rights of Members," is the following bye-law:—"The College will at all times protect and defend every member who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities acquired by him as a member thereof." Now one of the rights and privileges of the members is that of being eligible to the Council, the only restriction being that he must confine his professional practice to that of surgery; and any member so confining his practice, was entitled, till lately, to such eligibility. The Council, however, thought proper to apply for a charter, confining this privilege to a limited number of the members; and further, in administering the same charter, overlooked a number of persons who were actually in the enjoyment of the privilege, and fulfilling its conditions, and who now cannot re-acquire it without additional payment, and even then at the disadvantage of being displaced from their original position, by a number of their juniors; and as the limitation of professional practice to surgery is a course which any of the members might at their option adopt, and residence within reach of the College is the only other qualification required to make the party eligible to the council, a step equally in the power of any member who might choose to take it, it follows that all those members who have been excluded from the fellowship have their remedy against the College under the clause I have quoted. Let any one of them proceed against the Court of Examiners for the recovery of the fees paid on his admission, as having been obtained under false pretences, or let him claim from the College the protection covenanted in the bye-laws against any infringement of his rights as a member of the College, and he may be confident that a Court of Law would compel the College to reinstate him in his former position, or refund his diploma fees; and if this precedent were generally acted upon, the Council would soon be brought to their senses.

Mr. Lawrence is wrong in supposing that any complaint exists as to the manner in which the funds of the College have been expended; the only question is, how have they been obtained?

I am, Sir,

Your obedient servant,

April 13, 1846.

A BARRISTER.

LIFE ASSURANCE OFFICES: FEES TO MEDICAL MEN.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Some time ago I applied to an office for the purpose of insuring my life, and found them very particular in their inquiries. Having been examined by a medical man, I was referred to another, to whom I paid a guinea

by order of the office. My insurance was declined from my having given a straight-forward account of what complaints I had laboured under. The other day I was applied to by a London officer to fill up a form for a patient of my own, but as there were circumstances which rendered his insurance objectionable, I declined without I received a fee. I heard no more of the case till I learnt that this patient was taken to another medical man by a person connected with the office, who filled up the paper satisfactorily, and of course his policy was completed. This person was in the habit of leading a life of debauchery and drunkenness, and the complaints which I had attended him for, on two or three occasions, were chancres and secondary symptoms.

I am, Sir, yours, &c.,

W. S. B.

April 24, 1846.

CURIOSITIES OF MEDICAL LITERATURE.

PHYSICIAN TO HERIOT'S HOSPITAL.

The following is the original statute referring to this office. "*De Electione et Officio Medici Pharmacopola et Tonsoris seu Chirurgi* :—Thair sal be appoynted one doctor of phisick, who, for visiting and luiting to all the seik in the hospitall, sall receive yeirlie from the thesaurer * * * * *. One apothecarie, wha sall be payed for all his billis of droggis, if they be subscrived with the doctor of phisickis hand. One chirurgiane barbour, who sall cutt and pole the hair of all the scholleris in the hospitall, as also luit to the cure of all these within the hospitall who any way sall stand in neid of his airt, and sall recave for his wages yeirlie * * *."—*Steven's Memoir of George Heriot* :—*Monthly Journal of Medical Sciences*.

EDINBURGH SURGEONS PRIOR TO THE SIXTEENTH CENTURY.

Prior to the commencement of the sixteenth century, the qualifications required in him who practises as a surgeon in Edinburgh were, that he should be able "to wryte and reid, and to know anatomie, nature and complexion of everie member of the humanis bodie, and likewise to know all the vaynes of the sayun, and that he may mak flewbothemea in dew tunc," together with a "complete knowledge of shaving beards and cutting hair."—*London Medical Gazette*.

MEDICAL CERTIFICATE PRIOR TO 1815.

The following is a literal copy of a medical certificate upon which a patient was admitted into a Lunatic Asylum. It was brought before a committee of the House of Commons, in 1815. I give it as an example of Esculapian literature of that period. "Hey Broodway A Potcarey of Gillingham Certefy that Mr. Js Burt Msifortin hapened by a plow in the Hed which is the ocasim of his Ellness and by the Rising and Falling of the Blood And I think a Blister and Bleeding and Meddeson Will be a very Great thing But Mr. Jame Burt wold not A Gree to be don at Home.

March 24, 1809.

Hey Broodway."

—*Dr. Winslow's Edition of the Lunatics' Act*.

ERA OF YOUNG PHYSIC.

Diefenbach, of Berlin, designates the plastic operation for the cure of lachrymal fistula by the following term :—*DACRYTOCYSTORYINGOKATAKLEISIS*.

MEDICAL INTELLIGENCE.

Mr. John Goodsir has been elected Professor of Anatomy in the University of Edinburgh. The well-known reputation of this gentleman as an anatomist, physiologist, and assiduous cultivator of comparative anatomy and natural history, renders this an appointment which cannot fail to give satisfaction.

M. Sedillot has been elected a corresponding member of the Academie des Sciences, Paris, in the section of Medicine and Surgery.

The colleagues and pupils of Dr. Billing at the London Hospital, have presented to him on the occasion of his retirement from that institution, a massive and highly ornamented piece of plate, with an appropriate inscription.

Sir Simon Heward, whose decease was announced last week, has bequeathed the sum of one thousand pounds in aid of the funds of two hospitals, £500 to the Cumberland Infirmary, and £500 to the Hospital in the Abbey-yard, Westminster.

UNIVERSITY COLLEGE, LONDON.

DISTRIBUTION OF PRIZES.

The annual distribution of Prizes at University College took place on Thursday, April 30, at two o'clock, the Right Honourable Sir Edward Ryan, in the chair, when the following honours were awarded:—

Prize of £40 for general proficiency, to James Hakes, of London.

Medicine—*Gold medal*:—J. T. Clover, of Aylesham, Norfolk. *First silver medal*:—F. C. Webb, of Stonehouse, Devon. *Second silver medal*:—S. F. Slatham, of Crawford, Middlesex.

Botany—*Gold medal*:—William Cock, of Rance, Cornwall. *Silver medal*:—F. C. Webb.

Anatomy and Physiology—*Gold medal*:—Alfred Williams, of Scarborough. *First silver medal*:—Thos. Park, of Lincoln. *Second silver medal*:—Joseph T. Clover.

Chemistry—*Gold medal*:—Thomas Park. *First silver medal*:—Bholanett Bose, of Calcutta. *Second silver medal*:—B. Davies, of Caermarthenshire.

Prize Essay—*Gold medal*:—William Bowler, of Tottenham.

Anatomy—*Gold medal*:—W.D. Wilkes, of Salisbury. *First silver medal*:—A. Williams. *Second silver medal*:—Joseph T. Clover. *Junior class silver medal*:—Joseph Lawrence, of Bath.

Comparative Anatomy—*Gold medal*:—Soorjo Coomarr Chuckerbutty, of Calcutta.

Materia Medica—*Gold medal*:—J. W. Blyth, of Abergavenny. *First silver medal*:—Bholanett Bose. *Second silver medal*:—J. Lawrence.

Medical Jurisprudence—*Prize*:—John E. Wood, of Rochdale.

Midwifery—*Gold medal*:—Thomas Park. *First silver medal*:—M. J. Booth, of Rochdale. *Second silver medal*:—E. J. Barker, of Loughton.

Pathological Anatomy—*Gold medal*:—T. A. Cammack.

Surgery—*Gold medal*:—John E. Wood. *First silver*

medal:—William Cock. *Second silver medal*:—J. T. Clover.

Dental Surgery—Richard de Champ Ball, of Plymouth.

Fellows' clinical gold medals—Winter term, 1844:—W. H. Allchin, M.B. Summer term, 1845:—C. H. F. Routh, M.B.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, May 1, 1846:—H. Gardner; S. Lowe; H. H. Harvey; W. P. Ward; A. Jowett; C. G. Ellis; H. Pritchard; J. T. Arlidge; T. G. Wrench.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, April 23rd:—Henry Daubeny, London; Charles Lewis Norton, Bristol; Henry Beckwith, York; Charles Natrass, Sunderland; Robert Samuel Thornley, Derbyshire; Richard Barnes Roscow, Haslingden; Edward Hall, Newtown; Andrew Truelove Edge, Nedging, Suffolk; William Evans, Devonport; Edward Reckitt, Hull; Edward Whateley, Berkhamstead; William Brinton.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

It is in contemplation to hold the ensuing Anniversary at Norwich, the end of July, or the beginning of August, subject to the convenience of the President Elect, and the Members of the Eastern Branch. The exact day will be announced next week.

ROBERT J. N. STREETEN, Secretary.

OBITUARY.

Died, April 23rd, at Brighton, Harry Blaker, Esq., Surgeon, aged 61.

April 25th, after a short illness, at Daventry, aged 44, John Lee, Esq., M.D., a Member of the Provincial Medical and Surgical Association.

BOOKS RECEIVED.

Scrofula; its Nature, its Causes, its Prevalence, and the Principles of Treatment. By Benjamin Phillips, F.R.S., Assistant Surgeon to the Westminster Hospital. London: Bailliere. 1846. 8vo., pp. 379. Plate.

The Power of the Soul over the Body, considered in relation to Health and Morals. By George Moore, M.D., Member of the Royal College of Physicians, &c. &c. Second Edition. London: Longmans. 1845. pp. 355.

The Health and Sickness of Town Populations, considered with reference to proposed Sanatory Legislation, and to the Establishment of a comprehensive System of Medical Police, and District Dispensaries. London: Parker. 1846. 8vo. pp. 119.

TO CORRESPONDENTS.

Communications have been received from Mr. A. Taylor; Dr. Barclay.

ADVERTISEMENTS.

MEDICAL AND SURGICAL COLLEGIATE EDUCATION.

QUEEN'S COLLEGE, BIRMINGHAM.

VISITOR.

THE REV. SAMUEL WILSON WARNFORD, L.L.D.

PRINCIPAL.

THE RIGHT HON. LORD LYTTTELTON, F.R.S.

VICE-PRINCIPAL.

THE REV. AND WORSHIPFUL CHANCELLOR LAW, M.A.

TREASURER.

JOHN EDWARD PIERCY, ESQ.

DEAN OF THE FACULTY.

WILLIAM SANDS COX, ESQ., F.R.S.

COUNCIL.

THE RIGHT HON. THE EARL OF DARTMOUTH, F.R.S.

THE RIGHT HON. THE EARL HOWE.

THE RIGHT REV. THE LORD BISHOP OF WORCESTER.

MR. EDWARD ARMFIELD.

MR. EDWARD TOWNSEND COX,

Senior Surgeon of the Town Infirmary.

JOHN BIRT DAVIES, ESQ., M.D.,

Senior Physician of the Queen's Hospital.

JOHN ECCLES, M.D.,

Physician to the General Hospital.

EDWARD JOHNSTONE, ESQ., M.D.

MR. WILLIAM ROOM.

THE REV. VAUGHAN THOMAS, B.D.

JAMES TAYLOR, ESQ.

MR. THOMAS UFFILL.

MR. RICHARD WOOD,

Senior Surgeon of the General Hospital.

JOSEPH WEBSTER, ESQ.

THE SUMMER SESSION will commence on MONDAY, MAY the 4th. The INTRODUCTORY LECTURE will be delivered by PROFESSOR KNOWLES, F.R.S.

COURSE OF STUDY.

First Year.—Classics, Mathematics, French, German, Drawing, Dispensing, Chemical Manipulation.

Second Year.—Classics, Mathematics, French, German, Drawing, Dispensing, Chemical Manipulation.

Third Year.—Descriptive Anatomy, General Anatomy, Practical Anatomy, Physiology, Chemistry, Materia Medica, Pharmacy, Botany, Surgery, Hospital Practice, and Clinical Lectures.

Fourth Year.—Descriptive Anatomy, General Anatomy, Practical Anatomy, Physiology, Chemistry, Materia Medica, Pharmacy, Botany, Surgery, Medicine, Midwifery, Forensic Medicine, Hospital Practice, and Clinical Lectures.

Fifth Year.—Descriptive Anatomy, General Anatomy, Practical Anatomy, Physiology, Surgery, Medicine, Midwifery, Forensic Medicine, Hospital Practice, and Clinical Lectures.

The Students to be assisted in their studies during their third, fourth, and fifth years by a Medical Tutor.

TERMS OF TUITION.

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WILLIAM SANDS COX, F.R.S., Dean of the Faculty.

For further particulars, and application for Rooms, to be made to the Dean of the Faculty, 24, Temple Row,



REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been **454**, and the Annual Premiums received thereon, **£9,183. 5s.**, exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to **£112,277** per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying **£4,551** within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of **£59,016. 18s. 10d.** has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, originated in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most substantial grounds for anticipating that the future Bonuses to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,

SECRETARY.

78, Great Russell Street, Bloomsbury, London.

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.

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TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

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THE PRINCIPAL OBJECTS
TO WHICH THE ATTENTION OF THE
PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION
IS DIRECTED.

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2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

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23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

*The *Transactions* of the "Transactions" have been published in 8vo., with numerous Plates, Vignettes, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the day of publication.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31st OF JANUARY, 1846.

By GEORGE FIFE, M.D., Physician to the Sunderland
and Bishop-Wearmouth Infirmary.

(Continued from page 167.)

From the number of cases recorded under the head of renal disease, it is obvious that they are of frequent occurrence in this locality. The cause of this is probably to be met with in the occupations of those principally affected, rather than in any endemic or topographical peculiarity. A large proportion of the cases occurred in ship-carpenters, seamen, glass-men, and ironfounders, in all of whom the function of the skin is liable to both frequent and serious interruption. When to this fact is added the recognized connection or relation subsisting between the cutaneous transpiration and the secretion of urine, a very satisfactory explanation is afforded of the frequency of urinary diseases.

After the researches into the nature and causes of these diseases, and the admirable deductions drawn therefrom by Drs. Bright, Prout, and Golding Bird, it were almost presumptuous in me to occupy the space of the Journal, or the time of its readers, by enlarging on the pathology of these diseases; especially as from the disadvantages under which the cases were treated, minute clinical observation and chemical analysis were in a very great measure precluded. Another cause which has been supposed to operate in the causation of diseases of the urinary system, is the nature of the water with which the town is supplied, and which contains a considerable quantity of saline and earthy matter, especially lime. To this source I do not, however, ascribe much importance, as were it really an active agent, the cases in all probability would have been more frequent in occurrence, and different in character. By far the larger portion of them partook of the sub-acute or chronic inflammatory nature, being accompanied by both the symptoms and condition of urine known to denote such state of the kidneys, and which circumstance is quite consistent with the very common and obvious cause to which allusion has already been made. The habitual indulgence in the use of ardent spirits has also been assigned as a cause of these diseases, and doubtless very frequently is so; but as far as my observation in Sunderland enables me to speak, I cannot fairly impute a single case in the

table to this source. In confirmation of this I may state, that in upwards of three years but one case of delirium tremens has occurred in my practice, and in one other only was it apprehended; a fact which cannot but be regarded as highly favourable to a large, hard-working, maritime population.

So far as the urine was tested, it exhibited the usual deviations from its healthy condition. In some cases albumen was present in considerable quantity; in a majority acid preponderated; whilst in a few an alkaline redundancy prevailed, which last state was perhaps in some degree attributable to the treatment, in which alkalies formed a prominent feature. This was probably the case in the example of hæmaturia, recorded in the Journal some time ago by me, and in which the urine was at first decidedly acid, but when tested again, after alkalies had been used for some time, was as manifestly alkaline.

The treatment consisted principally in alteratives, aperients, the preparations of soda, potass, and magnesia, with hyoscyamus, counter-irritation by means of the antimonial ointment, croton oil, turpentine, and in a few of the more acute cases, topical blood-letting and blistering, the unpleasant effects of the latter being, as far as possible, obviated by the exhibition of anodynes and diluents. In a later stage of the disease, in many instances, the turpentine and copaiba in small doses were of the very highest utility. When the inflammatory action had been fully subdued, tonics, and more particularly the preparations of iron, were generally given with benefit.

In connection with renal disease, a cursory notice may be bestowed on other affections of the urinary system, and which are recorded in the table. These are diabetes, hæmaturia, and cystitis; also enuresis.

Of diabetes there are three cases mentioned in the table, one of which was fatal, and in which I had the opportunity of a *post-mortem* examination; one still continues to linger on, having endured, for above three years, within my actual knowledge; and one yielded to medicine, the patient, a young woman, having remained free from complaint for more than a year. In all of them the urine was mellitic. On this obstinate and very frequently fatal disease, it is now my intention to offer a few remarks, founded entirely on my own experience, and wholly irrespective of authority; wherefore, if erroneous, the onus will rest on myself.

Without entering into any nosological discussion, it may be permitted me to state, that from the observation

vation of many cases of diabetes, it has long been my conviction that the disease is not essentially or primarily referrible to the urinary organs, but, on the contrary, dependent on some peculiar morbid condition of the organs by which digestion is carried on. The following circumstances seem corroborative of this opinion:—The almost universal presence of dyspepsia, which, when the history of a case is thoroughly sifted, will be found to have existed for some time before the increased flow of urine attracted attention; the effects of remedies, medicinal and dietetic; and above all, the appearances met with on dissection of those who have died of the disease. The first proposition acquires strength from the well-known influence of defective or depraved action of the assimilating organs over other secretions; wherefore it is no stretch of analogy to infer a similar effect on that of the urine. The second derives support from the utter inutility of those remedies, which are admitted to act most beneficially in diseases of the kidneys and bladder, in cases of diabetes. The last from the fact, that the anatomical changes in the urinary organs, found after death in those who have died of diabetes, are in no degree commensurate with the functional disorder, if such were confined to the kidneys, which in three cases examined by me have displayed *no change of structure*; whilst the stomach and assistant viscera were unequivocally and organically diseased. That such should be the case might be safely inferred, even during life, from a variety of circumstances which must now be noticed, being present, to a greater or less extent, in almost every case of diabetes which I have seen. Amongst the most prominent symptoms of the disease are, morbidly increased appetite for food; incessant and insatiable thirst; dry, parched, and harsh skin; the tongue red, dry, streaked with mucus, but more commonly presenting a general raw appearance, as if deprived of its ordinary membranous covering, the papillæ being partially, if not entirely, obliterated. To these may be added the dry, lank, and woolly state of the hair, and also an almost indescribable appearance of the sclerotic coat of the eye. Difficult as it is to describe intelligibly these appearances, I can safely affirm, that in several cases the two last have led me to a conjecture as to their origin, which, on enquiry into the secretion and condition of the urine, was fully confirmed. The alvine discharges are, except when aperients are given, scanty and very irregular, taking place at the lapse of two, three, or four days, and sometimes at much longer intervals of time, and invariably exhibiting a marked deficiency of bile; when, however, an active purge, as a full dose of the castor oil, is given, the quantity of the discharge is frequently enormous. To such accumulation of *feculent matter* is to be ascribed the irregular unyielding hardness of the abdomen, which may or may not be accompanied by distension. All the symptoms now enumerated tend to show that whatever part the kidneys may play in this very formidable disease, the digestive system at large is more than secondarily implicated, if not the absolute *origo mali*. To this opinion I incline, not only from the symptoms above mentioned, but still more from the effects of medicines over the disease,

having invariably found that the greatest benefit accrued from those which were more immediately calculated to obviate such disorder of the digestive system. To this it will be necessary to revert in connection with the treatment.

The appearances met with after death were, as already said, confirmatory of this view of its pathology, being almost entirely, so far as any actual change of structure is concerned, strictly confined to the stomach and its assistant viscera, whilst the only changes met with in the kidneys were the following, which cannot be properly regarded as constituting organic lesion:—In one of the cases both kidneys were *paler in colour, flatter*, and more *flaccid* than in the natural state; their substance was *less firm*, but not to such an extent as to render the term *softened* justifiable; both the pelves and the infundibula were enlarged, many of the latter obliterated; *no trace of inflammation* was present. The stomach was of its normal size, but its coats, even before it was cut into, were most evidently *attenuated*; when it was opened the villi were in every part wanting, the whole surface presenting the appearance of an highly inflamed and congested membrane, being smooth, except in one or two small patches where ulceration had occurred, the vascularity generally arborescent, but in many places assuming the aspect of extravasation beneath the membrane. The whole mucous coat was soft and pulpy, being readily removed by the finger nail, when even lightly used. The muscular coat was hardly discernible, whilst the peritoneal or serous presented no unusual change. In this case the pancreas was larger than natural, flabby, and easily torn; in another case this gland was harder than in health. The liver was paler than in health, and somewhat softened, but not to such an extent as to lead to the belief that such change was the effect of disease, but perhaps more properly attributable to the gradual wasting, and exsanguined state of the system consequent thereon. The gall-bladder contained a small quantity of dark-coloured viscid bile. The mucous lining throughout the intestinal canal was more or less vascular, and in many points ulcerated; this last appearance probably had no direct part in the disease which forms the subject under consideration, but rather occurred as it does in phthisis and other diseases which terminate in hectic. The foregoing statements all refer to the case of a female, with the exception of the remark, that “in another case the pancreas was hardened.” She had suffered long from the disease, and died apparently from some sudden and serious lesion of the brain, which unfortunately was not examined, owing to the close approach of the interment, which was fixed for the same day. In one of the other cases only was there any thing unusual met with in the kidneys beyond what has already been noticed: this was simple *venous congestion*.

The treatment from which I have derived the most decided benefit, has been that addressed to the digestive system, and consisting in the employment of alteratives, sudorifics, chalk, iron, and occasional aperients. In most cases calomel is to be preferred to any other mercurial, and may be advantageously combined, either with tartrate of antimony, or Dover's

powder; where there appears to be much gastric irritability, of which the tongue affords a tolerably certain indication, even independent of those sensations which more unequivocally denote such state, the Dover's powder has the best effect, and if the tartrate of antimony be used, it should be given in combination with either opium, or the hydrochlorate of morphia, either of these combinations affording at the same time the best chance of acting on the skin. In this disease, however, diaphoretic medicines seem to have but little power, and should, therefore, where it can be procured, be assisted by the warm bath, which may, provided there be not great debility present, be employed on alternate days. Whilst the red state of the tongue continues, I have given the chalk in full doses with very decided benefit, generally alone, but sometimes in conjunction with the Dover's powder. So soon as the irritability of the stomach has been somewhat diminished, the sulphate of iron, with or without quinine, has been used, and great improvement has been the result; another very useful formula is the citrate of iron with quinine in solution, or in a simple bitter, as the quassia. For common drink, where, as is generally the case, the thirst is urgent, one part of lime water with two or three of milk, both allays this distressing symptom, and also acts beneficially on the lining membrane of the stomach. As to the diet of diabetic patients, it is unnecessary to dilate upon it; it should be chiefly composed of animal food, as beef and mutton, in the form of chop, or steak, with as little bread or vegetable as possible, and where the state of the stomach does not forbid it, wine or malt liquor may be allowed. By some the latter is objected to, but so far as my experience extends, they have never done any harm, and I think have proved useful. In all of the cases which I have seen within the last few years, the iodide of potassium was tried, but from its having been combined with one or other of the preparations of iron, I do not feel justified in offering any opinion on its actual value, as equally decided good has followed the use of iron alone. From all that I have seen, I do not conceive that bread, when taken in small quantity, produces the bad effects attributed to it by many; at the same time the most manifest injury arises both from it and vegetables when taken in the ordinary manner. The foregoing very meagre outline of one of the most fatal, obstinate, and even yet obscure diseases, that the practitioner can be called upon to treat, must for the present suffice, and should it lead to the further investigation of so interesting and important a subject, I shall not regret having trespassed so far on the columns of the Journal.

Sunderland, April 24, 1846.

(To be continued.)

CASE OF SPINA BIFIDA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I forward to you for publication, if you deem it worthy, the report of an interesting and obscure case of spina bifida.

Yours very truly,

JOHN BARCLAY, M.D.

The child, Elizabeth Ginns, was brought to me some time ago, when about a fortnight old, lying on its face, with a large tumour like a bladder, nearly filled with water, on the back part of its head and neck. I pronounced a hasty opinion, and gave the parents no hopes of its surviving. On the 23rd of March I was asked by Mr. Derington to examine it again along with him, to see whether the parents' anxiety to have something done might not be yielded to with propriety. The child, now eight weeks old, presented a most singular appearance, particularly in the erect posture; a large vascular bag, filled with fluid, and nearly the size of the child's head, hung from the occiput, and by its weight, though it partly rested on the shoulders, the cervical vertebræ were considerably displaced, and the head drawn backwards. The pedicle by which this bag was attached, was extremely short and flat, about an inch in width and a line in thickness; to the feel, like a fold of skin, and only in the centre appearing to have any connection with the cranium, over which it was moveable, except at this point. No perforation nor imperfection in the bone could be detected; and when very considerable pressure was exerted on the bag, no effect was produced on the child. We, therefore, determined on evacuating the sac, and six ounces of clear yellow serum were drawn off, but no further light was thrown on the nature of the case, while the child seemed relieved by the removal of the load. It now had exactly the appearance of a wrinkled empty scrotum hung on to the occiput.

In three days it was found to have filled again considerably, and we then determined to try to rid the child of this unsightly deformity; and the parents being warned of the risk run, on the 30th of March Mr. Derington passed a double ligature of strong silk twice through the flat pedicle, and tied the loops on either side, and the remaining one in the centre, with very considerable force, though not sufficient to strangle it completely; about three ounces of fluid similar to the former were evacuated. On the next day the ligatures were tightened; and on the fourth day, the pedicle being partly ulcerated through, fresh ones were applied, so as to strangle the sac completely. Two days afterwards, (April 5th,) it had sloughed, and was so offensive that Mr. Derington removed it close to the ligatures, and it appeared lined internally with a glistening membrane. The child looked well and healthy on the 6th, and as the administration of "Godfrey" had been discovered, and strictly prohibited, it put on a thriving appearance, much to the satisfaction of the parents. On the 7th, a poultice was ordered, to bring away the ligatures; but the next afternoon, April 8th, the child was seized with convulsions, and died the same evening with all the symptoms of effusion within the cranium.

Two days afterwards we obtained leave with the

utmost difficulty, only "to examine the wound" in the presence of two neighbours. We found a cicatrix already forming, but not at all fixed to the cranium, from which it was easily reflected. About a line above the tubercle of the os occipitis was a foramen about the size of a crow-quill, giving passage to a cord like the vas deferens. It did not appear pervious, but a single probe could be passed obliquely downwards through the foramen, quite to the posterior part of the medulla oblongata. We hurriedly ripped through the occipito-parietal sutures, and forcibly reflected the occipital bone, when we saw the channel to be connected with the dura mater, but the impatience of the people prevented the possibility of our seeing more satisfactorily the relative position of the parts. The brain and its membranes were loaded with serum, which flowed in considerable quantity from an incision penetrating to the ventricles.

The obliquity of the foramen in the bone, and the very small communication with the membranes of the brain or spinal cord, probably prevented our producing any effect on the brain by compression of the sac. Had nature been left to herself, the child might have survived for a longer period—an object of wonder to the neighbourhood, and aversion to its parents; but it appears to have been as fair a case for an attempt at removal of such growths, as is likely to be met with, even supposing the diagnosis to have been much more distinct.

Leicester, April 30, 1846.

ON DISEASES OF THE EYE.

(Continued from page 205.)

DIVISION II.

Diseases of the Eyelids.

1.—Catarrhal Inflammation—

Affects the mucous membrane, and glands of Meibomius; commencing near the margin of the lids. The inner surface of the lids looks like scarlet velvet; the pain is severe on the motion of the eyelid; at first there is a sense of dryness, which is soon followed by an increased and puriform secretion.

2.—Psorophthalmia, (ψυψ, the itch; οφθαλμία, inflammation of the eye. Syn. Ophthalmia Tarsi.

Chronic inflammation of the lids, especially their margins, leading to a falling off of the eyelashes, and a rounded, raw, red state of the edges of the lids, called lippitudo (lippus, blear-eyed,) or blearedness. The lids adhere together at night, and are sore, and itch.

3.—Stye, (stichan; Saxon, a springing up.) Syn. Hordeolum, (Dim. of hordeum, barley.)

A small boil in the eyelid. It sometimes leaves a hard chronic tumour named grando, (a hail-stone;) or chalazion, (χαλαζα, a hail-stone.)

4.—Abscess, &c.

May affect the substance of the eye-lids.

5.—Encysted Tumours—

Are common, and occur in the cellular tissue, generally between the skin, and orbicular muscle.

6.—Ectropium, (εκτρεπω, to evert.)

Eversion of the eyelids may result from inflam-

mation, and the relaxation which is often its consequence; or from the contraction of the skin from any cause, as excoriation, a burn, &c.

7.—Entropium, (εν, in; τρεπω, to turn.)

Inversion of the eyelids arises from causes exactly the reverse of the former disease, i.e., the relaxation of the skin, or contraction of the lining of the lids.

8.—Trichiasis, (τριξ, τριχος, the hair.)

Growth of one or more of the eyelashes inwards against the eyeball, when all the cilia are turned in, it is usually from an inversion of the lid.

a Districhiasis. A double row of cilia; the inner one, however, is scattered and irregular.

9.—Ptosis, (πτωσις, prolapsus; from πτωω, to fall.)

A falling of the upper eyelid, with more or less loss of power to elevate it, usually from paralysis of the levator palpebræ.

10.—Paralysis of the orbicular muscle.

The eye cannot be completely closed. This disease sometimes follows operations, from injury of the portio dura nerve.

11.—Granular Conjunctiva—

Usually is an effect of severe purulent ophthalmia; the lining of the eyelid is rough, hard, and granular.

12.—Concretion of the Eyelids.

The lids may adhere to the eyeball or be connected together.

ANALYTICAL TABLE.

Diseases of the Eyelids.

Inflammation—

Acute . . .	1. Catarrhal Inflammation.
Chronic . . .	2. Psorophthalmia.
Boil . . .	3. Stye.
&c. &c. . .	4. Abscess, &c.
Morbid growths . . .	5. Encysted Tumours.
Eversion of the lid . . .	6. Ectropium.
Inversion . . .	7. Entropium.
Eyelashes turned in . . .	8. Trichiasis.
	<i>a</i> Districhiasis.

Dropping of the upper lid 9. Ptosis.

Eye incompletely closed } 10. { Paralysis of the orbicular muscle.

Lining of the lid rough, hard, and granular } 11. Granular conjunctiva.

Lids adherent to the eye-ball, or to each other } 12. Concretion of the Eyelids.

DIVISION III.

Diseases of the Lachrymal Organs.

The lachrymal gland is not very liable to disease.

- 1.—Inflammation and suppuration of it sometimes occurs in scrofulous children.
- 2.—Indolent scrofulous enlargement, and—
- 3.—Scirrhus, are both of rare occurrence.

Caruncula Lachrymalis.

- 1.—Inflammation and suppuration may attack the caruncula and semilunar folds of the conjunctiva.
- 2.—Encanthias, (εν, in; κανθος, the corner of the eye), is a chronic enlargement of the caruncula; it is sometimes scirrhus. It prevents the complete closure of the eye, and leads to chronic ophthalmia, and

stillicidium* lachrymarum, from its pressure on, and displacement of, the puncta.

Lachrymal Sac.

1.—Inflammation—

Generally chronic. There is a swelling like a horse-bean just below the tendon of the orbicularis palpebrarum.

2.—Obstruction of the puncta and canals—

May be congenital, from calcareous matter, or more frequently from inflammation.

3.—Atony and relaxation of the puncta and canals—

Arises from inflammation, or the irritation of probes and syringes. The puncta are seen to be widely open and incapable of contraction.

ANALYTICAL TABLE.

Diseases of the Lachrymal Organs.

Gland—

1. Inflammation.
2. } Indolent scrofulous enlargement.
3. Scirrhus.

Caruncula Lachrymalis—

1. Inflammation.
2. Encanthis.

Lachrymal Sac—

1. Inflammation.
2. } Obstruction of the puncta and canals.
3. Atony and relaxation.

* (Stillo, I ooze in drops; cado, I fall,) a dropping of the tears over the cheek, from an impediment to their passage into the sac. But epiphora (*επιφωρη*, I carry with force,) means a flux of tears from superabundant secretion.

(To be continued.)

NEWCASTLE-UPON-TYNE EYE INFIRMARY.

Practice of Sir JOHN FIFE, reported by Mr. A. TAYLOR.

DOUBLE CATARACT: EXTRACTION.

Jacob Hetherington, aged 68, March 28th, 1846. The right eye was restored to sight by the extraction of a firm cataract, performed by Sir John Fife. The left eye was occupied by a light-coloured cataract, so striated as to appear firm.

March 31st. Sir John Fife extracted a firm cataract, making the flap upwards, the capsules of the lens having been intentionally cut by the point of the knife; the cataract emerged without difficulty, and a little vitreous humour escaped. The flap was carefully adjusted by a curette, the eyelids were closed, and then covered with lint steeped in cold water. No symptoms occurred afterwards to give any trouble.

April 7th. Flap cicatrized; the vessels of the eye a little injected, but is free from pain, and there is distinct vision.

ECTROPIUM FROM A BURN: RHINOPLASTIC OPERATION.

James Crooks, aged 38, March 31st, 1846. Great ectropium of the left eye from the cicatrix of a burn on the cheek. Sir John Fife made a horizontal incision from the nose towards the temple, and running half an inch below the everted eyelid; at each

end of this incision a short and perpendicular incision was made; the integuments were then disengaged from the cellular tissue beneath, and allowed to retract. A portion of the integuments was then dissected from the temple, and brought down into the aperture; this was closely fixed by several stitches of silk thread; the most attached extremity of the integument, which was fixed next the nose, looked very livid for a few minutes, but, in less than a quarter of an hour, regained its colour. The whole was covered with a warm sponge.

April 7th. The wound is perfectly cicatrized, and the ectropium nearly cured.

30th. This case was completely successful.

MYOSIS.

John Willis, aged 9. The point of a cornea-knife was past through the centre of the cornea of the left eye, (this portion of the cornea was opaque;) a portion of the iris next the internal canthus was then caught by a small hook and drawn out; it was cut off with curved scissors; the eyelids were then closed, and covered with lint steeped in a belladonna lotion.

April 7th. A good deal of effusion and inflammation about the eye, and intolerance of light.

30th. The result of this case, from the extent of the inflammation which unfortunately occurred after the operation, is very doubtful.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 13, 1846.

A correspondent in the Journal of last week has brought forward the subject of the remuneration of the general medical attendant by Life Assurance Offices. The question is one of some difficulty, for although it is, without doubt, of importance to the offices that the best and most accurate information in respect to lives submitted for Assurance, should be obtained, it is at least equally so to the parties assuring. Fraud or error must tend to injure the great body of those assured as well as the assurers, since neither could exist to any extent without one of two consequences,—the impairing of the stability of the offices, or the raising of the amount of the premiums. In the attainment, therefore, of information from medical practitioners, by whom alone the fitness of lives for assurance can be adequately determined, both these parties are interested; and we can see no reason why a third party in no way interested, should be called upon to take a great and most unpleasant professional responsibility for the benefit of either of them without a fitting remuneration.

The Assurance Offices, indeed, are so well convinced of the importance of medical opinions, that they not only require the assuring party to submit to an examination by a medical referee, appointed by them for the purpose, but at the same time

endeavour to ascertain what may be termed the medical history of the proposed life, by applying for this necessary information to the ordinary medical attendant.

Now what happens in the case where this information is not attainable? Our correspondent's letter will furnish an answer. One party, the office, is liable to be led into error; the other, the assuring party, may become guilty of fraud. In the instance referred to, such is evidently the case. The office has been induced to accept a bad life, the party insured has fraudulently deceived the office; and the probability is, either that the former will suffer ultimate loss, or, in the event of the detection of the fraud, the policy will be vitiated, and the assured, or his representatives, deprived of all benefit from it.

The remedy for such an abuse is, that the offices should either themselves, and for their own protection, give the fee, so justly his due, to the medical attendant, or see that it is forthcoming from the party proposing for assurance.

It has been alleged on the one hand, that the offices pay their own medical referee, and that such is all that can be required of them; and in the other, that every one has a right to expect from his ordinary medical attendant a compliance with the requirements of the offices on the point in question, as a matter of private friendship; but there are some serious fallacies here, which a little consideration will demonstrate. Assurance offices in the questions put to the medical attendant, require not merely information as to the past medical history of the person whose life is proposed, but an *opinion* both as to his present state of health, and often also of the general eligibility of the life. In so doing they make the medical attendant, to a certain extent, their own referee, requiring of him professional information which he cannot give without the expenditure of valuable time, and the incurring of responsibility and risk. The other party, in requesting an answer from him to the same questions, places his medical attendant in a similar position; and moreover, when the life is one which cannot be recommended, will often manifest his displeasure by withdrawing all future confidence.

The medical attendant, therefore, should either be relieved from all responsibility and risk, by being required to furnish an answer to the mere questions of fact, as to the diseases which he had been called upon to treat, in which case his reply is simply a matter of truthful testimony, involving no more expenditure of time than is necessary to write the answer, no responsibility, and incurring no risk of offending his patient; or if the office, and the party assuring at the instance of the office, require from him a professional examination and a professional opinion, involving, as we have said,

the expenditure of time, the incurring of responsibility, and the risk of offending his patient, they ought in common equity, one or other of the parties, or conjointly, to hand over to him the appropriate fee.

Medical Notes on China. By JOHN WILSON, M.D., F.R.S., F.S.S., Inspector of Naval Hospitals and Fleets. London. 1846. 8vo., pp. 267.

This work is strictly what its title implies,—a series of notes extracted from the author's diary, apparently without alteration, and contains a record of his experience of the diseases of the troops and seamen employed in China during the late war, together with notices of the atmospheric changes, the peculiarities of situation, and such brief observations on the general condition of the Chinese population as his opportunities as a medical officer, in charge of a hospital-ship, would allow.

At the close of the year 1841, as we are informed in the preface, in consequence of the continuance of hostilities, and the uncertainty as to their termination, together with the prevalence of severe and fatal disease, a floating hospital was fitted up by order of the Admiralty, and sent out to China. The *Minden*, a seventy-two gun ship, was selected for this purpose, and no expense spared in the necessary arrangements with regard to apparatus for ventilation, &c. The medical staff consisted of Dr. Wilson, to whom the chief management was entrusted; one surgeon, Mr. Alfred Tucker, who fell a victim at Hong Kong to the combined influence of the climate and the laborious nature of his official duties, and five assistant surgeons.

The ship, immediately on arriving in China, was stationed at Chusan; she was afterwards removed to Amoy, and from thence to Hong Kong. The diseases which chiefly came under notice were, periodic fever, dysenteric affections, and chronic ulcer, apparently traceable to the same miasmatic influences, to which the local peculiarities of the country which was the seat of military operations, the high temperature, and the mode of husbandry followed by the Chinese, give rise, and to which the filthy habits of the inhabitants in their dwellings, their domestic economy, and their persons, must greatly contribute.

The subjoined account of Amoy may be taken as an illustration, both of the sanatory condition of the population, and the general characteristics of Chinese habits:—

"The city of Amoy stands, as has been stated, in the most westerly point of the island, [of Amoy,] opposite to Kulangsu; and considering the smallness and sterility of the island, and the unproductive nature of the contiguous mainland, contains a prodigious mass of inhabitants. The population is computed variously by different persons possessing knowledge of the subject; one account, which is the highest, rating it

at 300,000. On asking a principal Mandareen, he gave it at 40,000; but the interpreter alleged that he included in his reckoning only male adults, which, when the large proportion of children and women is remembered, would bring it near the highest estimate."

"The original walled part of the city occupies the summit of a hill, some two hundred feet above the sea; but by far the greater portion of it, perhaps eleven-twelfths, is extra-mural, and extends along adjacent levels, or up on the lower acclivities of the hill. After what has been noted respecting Tinghae, [the chief town of Chusan,] it would be tedious and irksome to give a detailed account of the form, structure, and municipal economy of Amoy. In these respects, the description of the first may be applied almost literally to the last. Multiply Tinghae by ten, and you have a distinct general idea of Amoy. There are here the same narrow streets, from eight to twelve feet wide, as there; the same wretched pavements with holes instead of gutters, or where there are anything like open continuous drains, their contents are often stagnant, putrid, and foetid, as they are never cleansed by the hand of man, but left to the cleansing power of rain or other natural causes; and there is total want of provision for ventilating the dwellings. These attributes of a Chinese town are as inseparable from it as the stones and tiles of which it is composed. Hygiene has no place amongst their many diets [deities!] and of any thing pertaining to her worship they have neither knowledge nor practice. Here, however, the streets are not only much longer, but more irregularly disposed, being more bent and twisted, rendering them more obstructive to the circulation of air than at Tinghae; and there are some other differences between the two places which deserve notice. Here, especially in the narrowest streets, pent houses are placed in parallel lines, from each side, near the centre, so as to leave only a few inches between them for the descent of rain and passage of air. When the extent of this systematic opposition to atmospheric change is considered in connexion with the accumulated population; with the want of the commonest means of ventilating houses, such as opposite apertures in the walls of buildings, having three or four apartments running into each other laterally, and back from the streets; with their earthen floors, and the absence of cellars, sewers, or other channels of underground purification; with stagnant gutters, and pits of putrefaction in all directions; and with atmospheric heat, varying between 80° and 90° of Fahrenheit's scale for five months of the year; it is astonishing that the place is not swept by fearful epidemics, and ere long depopulated. Amoy has a species of street appendage, from which Tinghae, for the time at least, is free, namely, large open jars of urine, which occupy conspicuous places along the walls at short intervals. But Amoy is not surrounded by oozy weed-covered canals like Tinghae; nor is the town much intersected by them, because the form of the ground does not permit their continuous formation; and because there is comparatively little soil that can be turned to rice cultivation. Thus the inhabitants are saved, to a considerable extent, from one source of aerial contamination affecting those of Chusan, not willingly indeed, for, as has been observed, wherever land can be got to bear rice, it is eagerly employed for that purpose.

"From all that could be learned, during a short residence, through very unsatisfactory channels of information, the principal diseases affecting the natives are the same here as at Chusan, the proportion attributable to their peculiar habits and practices being also the same apparently. Cutaneous affections, including leprosy of the most loathsome kind, seen in the streets, and diseases of the eye, are common. They are said to suffer much from periodic fever, and dyspeptic complaints, of which their appearance gives strong proof. Occasionally, after uncertain, but generally considerable intervals, sometimes extending to fifteen years, violent epidemics break out. Whether they vary much at different eruptions, and what their exact nature at any time is, could not be well made out; but from the scanty knowledge gleaned, it is believed that they are generally some modification of remittent fever, with severe affection of the alimentary apparatus, having a choleral character, as might indeed be expected. The quality of recurring periodically, though after uncertain periods, they possess in common with the endemic epidemics of almost every other febrile region."

The author subsequently states that the hot season of 1843 proved very fatal at Amoy and Kulungsu, principally through the ravages of cholera, the mortality in the city for many weeks being appalling.

Hong Kong exhibited the same general features of disease as were observed at Chusan and Amoy; there were, however, some points of difference which are deserving of notice. The subjoined note is made by the author on this subject:—

"September 6th. The forms of diseased action hitherto observed at this anchorage are very limited in number, being, with few exceptions, reducible to two heads, namely, periodic fevers and fluxes. Thus, there is similarity between the endemic affections of the locality, and those chiefly encountered in the north last year; but there is also considerable difference. One point of difference consists in the almost entire absence of sloughing ulcer at Hong-Kong, which proved so frequent, serious, and sometimes intractable a source of inefficiency at Chusan."

"It was noted as a subject of some surprise in the north, considering the atmospheric heat and excess of artificial miasmatal soil, that remittent fever should have been so rare, the fever there so constantly assuming the intermittent form, and generally, however complicated with other morbid actions, exhibiting regular and well-defined types. Here, on the contrary, there have been, during the last three months, a large proportion of remittent fever, frequently it is true, as elsewhere, when not terminating fatally, issuing in ague; but the agues have not been so formal in type as at Chusan; and there is another well-defined point of difference between the morbid manifestations of the two places. Then, there is a striking feature of likeness between them, that, namely, of their being in both places associated with flux; for here, as there, the two forms of disease—fever and flux—are often so intimately linked together, that it is difficult to tell which is the primary, or ought to be considered the principal affection. Perhaps, fever in a majority of instances appeared first, but the exceptions have been so numerous, fever being so often preceded by flux, as to give it little claim to

be considered as a prevalent, or necessary priority. Whichever appeared first, it constantly happened that as one series of morbid actions declined the other rose. They were sometimes concomitant, but more generally appeared in rotation, whatever the order of precedence and of succession might be. This blending, or association of different diseased actions forms here, as it did at Chusan, a constant source of perplexity in devising fit methods of treatment, and interferes materially with their successful application; for what promises advantage in one is constantly injurious in the other."

As there are some curious particulars connected with Chinese medicine, for which we are unable to find room, the conclusion of the notice is reserved for another occasion.

BIRMINGHAM PATHOLOGICAL SOCIETY.

March 7th, 1846.

JOHN ELKINGTON, Esq., in the Chair.

EXFOLIATION OF BONE.

Mr. James Russell, *jau.*, exhibited a portion of exfoliated bone from one of the phalanges of the finger. The following is the history of the case:—

Thomas Rigby, aged 28, November 22nd, 1845. He is a coachsmith, of pale complexion; he came to our surgery the first of November with severe abscess of the second finger of the right hand. On Tuesday, September 15th, he was dragging a large piece of iron by means of a pair of tongs, the opening of which was rather too wide for his grasp, the second finger of the right hand, on which chief stress was laid, was strained; he felt little of it during the day, but on the following morning felt pricking in the part of the middle joint. He continued his work through the week, and though the finger did not swell, nor become very painful, it yet seems to have been a source of discomfort, as he tried fomentations to relieve himself. On the evening of Saturday it became swollen, and so much more painful, that he was compelled to leave work. On the following Friday, an abscess burst at the front of the second joint; supuration extended, and other openings were made, and formed spontaneously.

When I saw the finger it was much swollen, very red, and there were five or six orifices in different parts of it, out of many of which pus could be squeezed. I made an additional opening to give exit to a quantity of pus which was not freely evacuated by any of the existing openings. From careful examination I suspected that the joints were healthy, as they could be flexed, and I could not produce crepitus. I could not feel any exposed bone. The finger was first poulticed, then lightly dressed, and placed on a splint, and it gradually improved. On November 17th, however, a piece of bone about half an inch long was drawn out of one of the orifices; it appeared to be a part of the shell of the proximal end of the middle phalanx; a small piece of sloughy tendon was attached to its expanded extremity. A similar piece was extracted on November 21st. The finger is now doing well, healing, and the joint moveable.

November 27th. The finger is nearly well; it is stiff, but he has considerable use in the middle joint, but cannot flex the extreme joint by its muscles, although it admits of some motion.

ILIAC ABSCESS, COMMUNICATING WITH THE RECTUM AND THE BLADDER.

Mr. Russell then presented a portion of rectum, in which was a perforation, and the bladder, also perforated, both communicating with a large abscess, a portion of the parietes of which was also presented, and gave the following particulars of the case:—

H., aged 50, a gardener, a remarkably fine well-made man; during last Autumn he has complained of pains which he thought rheumatism, in the back and in the left hip and thigh. About Christmas the pain became so severe as to compel him to leave work; he then became feverish and ill, and began to feel some pain in passing water; micturition becoming more frequent; the bowels had always been regular. Before the end of December he was confined to his bed. About a fortnight afterwards, he noticed a large tumour in the lower part of the abdomen, on the left side. I did not see him till January 25th, after he had been ill a month; I found him in a state of high irritative fever; his tongue was exceedingly loaded, and he made no particular complaint. In the lower part of the abdomen there was a very large prominent tumour, occupying the whole left iliac region, extending a little across the median line, and obliquely upwards, nearly to the lower edge of the left ribs. It was firm and tender, but the abdomen in other parts was flaccid, and free from tenderness. In two days after this period, we noticed a great change in his urine, produced, as I found, by the presence of a considerable quantity of pus, mixed with pale lithates; three days afterwards he evacuated with his motion a large quantity of very fetid pus. The tumour continued to become more prominent, the integuments covering it much thinner and inflamed, and the entire space occupied by the tumour was perfectly hollow when percussed, indicating that the tumour was filled with air; this was not the case at first.

He continued in much the same state, suffering from a state of complete hectic, complaining of much pain down his left thigh, and in his left hip, and in the region of the tumour. There was no tenderness of the abdomen; his soft palate and tonsils became covered with an aphthous crust; the discharge of pus in his urine and stools continued. He subsequently became much annoyed by constant hiccup. I examined the upper part of his thigh without being able to detect any appearance of disease. On the 14th of February the tumour burst externally, and discharged a large quantity of very fetid pus. On the 18th the urine began to flow through the orifice of the abscess, and on the 20th faeces also appeared in the discharge from the same source. He died February 21st. The treatment throughout was tonics, wine, large doses of quinine, &c.

Secutio Cadaveris, eighteen hours after death.—There was an inch thickness of fat beneath the integuments of the abdomen; the folds of the peritoneum, mesentery, omentum, &c., were much loaded with fat; the left kidney was surrounded by a great quantity of fat. The abdomen alone was examined: the surface of the viscera was perfectly healthy; not a trace of any abnormal matter in the cavity. All the viscera healthy, with the following exceptions: singular absence of blood; there was scarcely sufficient to stain the hands; the vena cava contained a very small

quantity of fluid blood, having a greasy appearance from containing fat floating on its surface, possibly from our instruments. The rectum took a very unusual course; it passed from the termination of the colon in place of at once descending into the pelvis, towards Poupart's ligament, adhering to this part of the anterior wall of the abdomen by cellular bands, and thence descended abruptly into the pelvis, forming an acute angle, situated a little above Poupart's ligament, and rather internal to the middle point; surface of the rectum quite healthy; a considerable quantity of fat surrounded the adhesions and the gut. The integuments were separated from the muscles in the left iliac region of the abdomen by the cavity of the abscess, now nearly empty of pus, but with the walls in a state of slough. From these parts the abscess passed behind the horizontal ramus of the pubis, entirely separating the bladder from its anterior connections, in front of Poupart's ligament into the iliac region of the thigh, deep among the muscles towards the bone, and also occupied the iliac fossa, having raised the iliac fascia from its connection with the muscles, infiltrated the iliacus internus and psoas with sanious pus, and extended along the psoas as high as its origin from the spine; at the highest point the pus was of a healthy character, and was strikingly contrasted with the sanies contained in the rest of the abscess. We examined the bones in the neighbourhood most carefully, but were quite unable to detect a single spot of denuded bone; the ilium was covered throughout by its periosteum, and the spinal ligaments were not at all invaded. On laying open the rectum, which was crammed with softish faeces, an ulcer was discovered at the acute angle formed by the gut, near Poupart's ligament; this ulcer communicated with the cavity of the abscess by a short passage through false membrane; the adhesion in this part had become so much weakened, that in a day or two, had life continued, the ulcer must have opened into the cavity of the abdomen. The same observation would apply to one part of the wall of the abscess which had almost broken down, so as to establish a communication with the visceral cavity. The ulcer in the rectum had evidently commenced from within, the mucous membrane being destroyed for the space of a shilling, whilst the opening in the side of the gut was not larger than the section of a pea; the mucous membrane of the rectum was injected, but otherwise healthy; the mucous membrane of the large intestines, and of the cæcum, together with the lower portion of the ilium, healthy. Bladder healthy, excepting a small ulcer, large enough to admit a large probe, in its left side, which opened into the abscess through a short sinus; in this case the absorption of the coats had proceeded to a greater extent on the outside; the bladder contained some urine, loaded with pale lithates, but apparently without any pus. Iliac vessels healthy. Some atheroma in the abdominal aorta.

TUBERCULAR DISEASE OF THE BRAIN.

Mr. John Elkington presented several small bodies, about the size of small vetches, consisting of cells, containing a thick semi-transparent fluid, which Mr. James Russell had examined under the microscope, and which was found to consist of transparent fluid, in which were globules of oil and pus floating, and

some cheesy matter contained in a thick albuminous envelope.

A. B., in September, 1844, at the age of ten months, whilst cutting the first incisor teeth, was seized with convulsions, which continued five hours, in spite of remedies, and were followed by complete loss of consciousness, lasting ten days. On recovery it was found that the right side of the body was paralysed; the mouth was drawn to the left side, and he was unable to move the right arm and leg. This state continued until March, 1845, when he had a second attack of convulsions, which soon subsided; he began to gain strength in the paralysed side, was able to grasp substances slightly, and made attempts to walk. In September, 1845, he was able to walk alone, dragging the right leg after him; at this time he was again attacked with convulsions much less violent, and of shorter duration than before. From that time to the fatal attack he rapidly gained strength, could use his right hand nearly as well as the left, and walked with but a slight halting in his gait. He had in the intervals of the attacks cut the remaining teeth without difficulty. He was remarkably irritable and self-willed, and had a peculiar wildness of manner.

On the morning of Tuesday, March 2, having gone to bed as well as usual, at two a.m., while in bed he was again seized with convulsions, more violent than either attack since the first. He was immediately put in a hot bath, and an assafoetida enema was administered, after which the convulsions ceased, and he remained in a state of stupor, as after the first attack; the face was flushed; the head hot; the pupils were dilated, and insensible to light. Five grains of calomel were placed on the tongue, eight leeches applied to the head, a blister to the back, sinapisms to the lower extremities, and cold effusions to the head. He had during the day, several copious feculent stools, containing a great number of currants, which he had taken two or three days before the attack. No relief was obtained from the means employed, and at four in the afternoon sudden prostration came on, and at six o'clock he expired, sixteen hours after the attack. His age was at the time three years and three months.

Post-mortem examination, forty-eight hours after death:—The sinuses and veins were gorged with dark blood; the pia mater was extremely vascular, and on being divided, the substance of the brain presented a great number of bloody points; the brain in general was soft and easily torn, excepting the parts forming the floor of the left ventricle; the corpus striatum, hippocampi, &c., were much firmer than natural, not yielding to pressure of the fingers; they were tough and not easily divided with the scalpel. The same parts on the right side were of the natural consistency. In the substance of both hemispheres were discovered nine small spherical bodies, from the size of a millet-seed to that of a small vetch. Their exact position could not be ascertained, as they were not discovered until the brain had been completely cut up in the examination. There was no effusion into the ventricles.

HEALTH OF TOWNS.

We have lately had occasion to call attention to this subject, and especially in reference to the sanatory condition of one of our largest sea-ports, second to none in importance throughout the kingdom. The possibility of another visitation of epidemic cholera, the onward progress of which through Persia to the confines of Russia, has been marked with fearful devastations, gives a deep and pressing interest to whatever concerns the health of the population; and it is with much regret that we learn that the measures intended for the improvement of the sanatory state of the country are delayed until another Session. The following details given by Dr. Watson, of Liverpool, of the state of certain parts of that town, wretched and disgusting as they are, may, we fear, be closely paralleled in others of our larger towns. The importance of getting rid of all such abominations, and cleansing the Augean stable in time, will be deeply felt by those who have had experience of the epidemic of 1831-2.

In alluding to the general condition of the courts and yards of Liverpool, Dr. Watson observes, that the tenants are often discouraged in any attempts to keep them clean, from the hopeless nature of the task. The public make all manner of inroads upon them in every discouraging way, whilst the public authorities have no dominion over them in the matters of cleansing and protecting against nuisances. Of this kind there is one very remarkable example. A court, which branches off to the right and left, presents a disgusting assemblage of pig-styes, manure-heaps, standing-pools, and blocked-up drains. Part of this the inhabitants try to cleanse twice a week themselves; the scavengers never visit it. It is no wonder that, under the discouraging circumstances above-mentioned, the work should not be sufficiently done. One of these branches winds off in a zig-zag course, which a stranger would hardly discover; but if he chose to venture his footsteps, as we did, he will find that it leads into another squared court, surrounded by a few dirty-looking and unhealthy houses, with more manure-heaps ornamenting the corners. Into a desolate house at one corner we stepped, and found the first floor in great dilapidation—the boards falling through, and a horrible stink of old fish pervading the house. At first we concluded that it was a deserted place altogether, but we found up stairs, occupying the “drawing-room,” as the poor inhabitants of Dublin would say, a poor woman and her daughter, whose only subsistence was, as she told us, buying, salting, and selling fish. This process, she showed us, was performed in the back “drawing-room,” and from which, in defiance of the free ventilation of a paneless window, the tremendous fishy smell proceeded. She lived, herself, in the front “drawing-room,” in the last state of destitution and filth. There was not a chair to sit down upon—a broken table—a box or two—and a broken-down bedstead formed the whole of the furniture of her squalid home, except a few rags hanging about, and some unpretending crockery ware. The window had three broken panes in the top half, which were stuffed up with cotton wool; the lower half was a wooden board, fulfilling

all the duties of its transparent predecessor, transmission of light excepted. Every chink and gap was filled up with wool and rag; and dark as was this room, the wretched misery of everything stood out in visible relief. The floor was neither whole, nor even decently swept—probably never scoured. The look out from the window was into the narrow filthy street called Banastre Street. As we looked out, sounds of discord and confusion, with every painful attendant upon a drunken and upbraiding scene in the lower walks of life, assailed our ears. The old glass pane or two which still remained were covered with dust; and the whole building seemed to threaten, at no distant day, “to come down with a run,” as it is commonly said. The ascent or descent of the staircase was a task requiring some care and precaution; and, in short, the whole affair was a humiliating picture of human life. For some time she had occupied this place free of rent; she had lived four years there, and was content to dwell on for the sake of having no rent to pay.

Selections, &c.
ACCUMULATION OF MEDICINES IN THE SYSTEM.

When an insoluble medicinal compound is introduced into the system, and cannot be entirely dissolved by the gastric and intestinal fluids, the insoluble portion of this body, or the insoluble whole, either traverses the entire length of the alimentary tube, to be expelled with the *feces*, or is arrested in its course, and lodges for a time in some of the folds of the intestinal uncoiled membrane. Thus the inconsiderate employment of caustic magnesia has given rise in the stomach of the gouty to extraordinary magnesian incrustation; insoluble preparations of iron, and especially the subcarbonate of the peroxyde, administered in two large doses, often occasion intestinal concretions. The accumulations may even occasionally be the direct consequence of the exhibition of too great a quantity of the medicine. But the insoluble matters thus accumulated do not all present the same dangers; those on which the vital fluids exert no effect, act on the surfaces with which they are in contact only as foreign bodies,—that is, by causing irritation and symptoms of inflammation, while matters capable of becoming soluble in consequence of a change in the quantity, or in the composition of the visceral humours, may thus become active, or often poisonous, and by their absorption give rise to severe or even fatal effects.

It is thus that calomel given as a purgative in large doses, occasionally causes pythiam, and deeply affects the system; so also basic or officinal sulphate of quinine, administered in the dose of several grammes daily, though at first producing no remarkable physiological effect, has all at once given rise to symptoms of poisoning, followed by death. A few glasses of tartaric lemonade have occasioned vomiting and diarrhoea in a patient who had taken protoxide of antimony some days before, it is scarcely necessary to add from the formation of tartarized antimony. Ioduretted water, given to a patient affected with a cutaneous disease, who had a short time before been taking calomel as an alternative, has given rise to most profuse salivation, occasioned by the biniodide of mercury, resulting from

the action of the ioduretted water on protochloride of mercury still remaining in the system.—*Mialhe ; Traité de l'Art de Formuler.*

OPERATION FOR ANEURISM.

The following conclusions as the result of his experience in operations for aneurism, are drawn by Mr. Guthrie, in a lecture delivered by him at the Royal Westminster Ophthalmic Hospital:—

1. That the theory of the operation of aneurism, as dependent on the collateral circulation, cannot be applied with safety to spurious aneurisms of recent occurrence dependent on wounded arteries.

2. That it is inapplicable to wounded and bleeding arteries.

3. That the length of time a spontaneous aneurism has existed is of consequence, as connected with the collateral circulation; although an aneurism should never be allowed to attain that size which may render it injurious to the surrounding parts.

4. The collateral vessels are at all times and under all natural circumstances capable of carrying on the circulation in the upper extremity, whatever disease or injury may affect the principal trunk, provided a due degree of care be taken to maintain the temperature of the part. Whenever the reverse takes place, it is an exception to the general rule.

5. After operations for aneurisms in the lower extremity, the collateral branches are almost always equal to carry on the circulation through the limb.

6. When the principal artery of the lower extremity is suddenly divided, without any previous disease having existed, mortification is not an uncommon occurrence, and is more likely to take place in old than in young persons.

7. When under such circumstances the principal vein is also divided, mortification seldom fails to be the consequence.—*Medical Times.*

POISONING BY STRYCHNIA.

An apothecary's assistant, of drunken habits, when in a state of excitement from dancing and drinking, retired to his bed-room, and while in bed swallowed a quantity of strychnia. Dr. Theinhardt saw him in about a quarter of an hour afterwards. He was then lying calmly in bed, and admitted that he had swallowed at least half a drachm of strychnia dissolved in spirit. There was nothing unnatural in the respiration, state of pulse, or temperature of the skin; and no symptom indicative of the action of strychnia; circumstances which, in spite of the repeated declarations of the patient, led the physician to doubt whether he could really have taken so large a dose of strychnia. In the course of a short time, however, there was general spasm of the muscles, with hurried respiration, violent convulsions, and rigidity of the body. An emetic was then administered, but without effect. In a few minutes a violent convulsion, involving the whole body, supervened, and this was accompanied by opisthotonos. These fits succeeded each other frequently for about half an hour, when death took place. The tongue, gums, and lips, had a violet colour, as well as the fingers and toes. The fingers were convulsively folded on each other, while the toes were drawn backwards. The whole of the body was stiff, as hard as a board, and drawn somewhat

backwards. As it has been already stated, during the short time the patient retained his consciousness, he would not admit that he suffered any pain or uneasiness; although, from his having been heard to groan, it is probable that his sufferings were great before he was seen by Dr. Theinhardt.—*Casper's Wochenschrift*, in *London Medical Gazette.*

THE FACTORY QUESTION.

The following petition for the limitation of the time of labour in factories to ten hours, in the case of persons under twenty-one years of age, has been signed by fifty-eight physicians and surgeons resident in Manchester, and presented to the House of Commons:—

To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled,

The Petition of the undersigned members of the Medical Profession of Manchester, humbly sheweth—

That your petitioners are professionally engaged in this important manufacturing borough, and are frequently called in to visit the poor in cases of sickness, a large portion of whom are factory-workers.

That your petitioners are deeply impressed with the opinion, that the length of time which children and young persons are confined in factories, necessarily compelled to breathe an impure and heated atmosphere, is highly injurious to their health, and much impedes their progress in arriving at that state of healthy maturity which labourers in less confined and more healthy situations attain.

Your petitioners are decidedly of opinion that a reduction of the hours of factory-labour would materially lessen the number of cases of disease in this borough, and also reduce the rate of mortality amongst its inhabitants.

Your petitioners therefore pray your Honourable House to pass a Bill prohibiting all persons under twenty-one years of age from being worked in factories more than ten hours a day.

And your Petitioners will ever pray.

Similar petitioners have also been presented from the medical practitioners of Rochdale and Heywood.

EXPENSE OF THE POOR-LAW COMMISSION.

From a Parliamentary return just published, it appears that eleven commissions were issued in 1840, and fifteen since that time. The total expense of the Poor-law commission in England and Ireland, by salaries of the officers (whose names and situations are set forth), is stated at £31,129. 18s. The expense of the commission in the years 1842, 1843, 1844, and 1845, is given as follows:—£33,799. 12s. 6d. in England, and £20,653. 5s. 2d. in Ireland; £31,925. 2s. 3d. in England, and £21,608. 5s. 2d. in Ireland; £30,962. 13s. 5d. in England, and £18,351. 13s. 2d. in Ireland; and 30,394. 0s. 5d. in England, and £18,334. 6s. 3d. in Ireland.

MEDICAL INTELLIGENCE.

Dr. Fife has resigned the appointment of physician to the Sunderland Infirmary, and that of physician to the Infirmary at Seaham Harbour, on his return to practice in Newcastle-upon-Tyne.

Dr. Bealey has resigned the appointment of physician to the Bath United Hospital.

Mr. William Bowman has been elected assistant surgeon to the London Ophthalmic Hospital.

KING'S COLLEGE, LONDON.

DISTRIBUTION OF PRIZES—MEDICAL DEPARTMENT.

Scholarships—*Senior Scholarship*:—Wm. Brinton ; John Reid, *proxime accessit*. *2nd Year Scholarship*:—Samuel J. Augustus Salter. *1st Year Scholarship*:—George Robert Cubitt, John Cox Lynch, and Charles W. D. Williams.

Prizes—*1st Division*:—1, William Brinton ; 2, John Thomas Arlidge. Henry Stevens, *Certificate*. *2nd Division*:—1, Walter Battershele Gill ; 2, John Reid. *3rd Division*:—1, J. W. Wilkinson.

Anatomy:—Charles Thompson. Edgar Malcolm and William Henry Cook, *Certificates*.

Materia Medica:—Duncan Fergusson.

Chemistry:—Henry B. Johnson, *Certificate*.

Botany:—John T. Arlidge. S. J. A. Salter, and Charles Thompson, *Certificates*.

Forensic Medicine:—Henry Turner Lane Rooke ; John Reid. Thomas Bridgewater, and John Farmer, *Certificates*.

Comparative Anatomy:—Thomas Bridgewater.

Medical Societies' Prizes—*1st Prize*:—Henry Salter.

2nd Prize:—John Thomas Arlidge. *Certificate*, John Reid.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The time for holding the Anniversary Meeting at Norwich, is not yet definitively fixed, but we are enabled to announce that it will probably be appointed for the second or third week in the month of August.

VOLUME OF TRANSACTIONS.

Gentlemen who have papers intended for the fifteenth volume of the Transactions of the Association, are requested to forward them for the consideration of the Council, as it is purposed to issue the volume as soon after the Anniversary Meeting as circumstances will permit.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, May 8th, 1846:—J. Ward ; J. D. Blake ; C. C. Hailey ; F. Liberg ; E. C. Thorp ; D. Evans ; R. R. Crucefix ; N. J. Hobart ; R. Allen ; T. C. Jones ; J. Syme ; J. S. Smith.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, April 30th:—Henry Thomas Hartnoll, Exeter ; James Yates, Eccleshall ; Joseph Hessegrave, Marston ; Francis Robert Hoghton ; James Parrett, High Easton, Essex.

METEOROLOGICAL JOURNAL FOR APRIL, 1846.

Kept at Sidmouth,

By W. H. CULLEN, M.D., SURGEON.

Mean of External Thermometer at 9 A.M.	49.70
..... P.M.	47.84
..... the Maxima,	55.70
..... Minima,	43.28
Absolute Mean	49.99
..... of nine preceding years.	46.76
Extreme highest on the 17th	61.50
..... lowest, .. 10th	35.25
..... range	26.35
Mean daily	12.10
..... Dewpoint at 9 A.M.	45.10
..... P.M.	43.12
Mean of Barometer A.M.	29.800
..... P.M.	29.819
Extreme highest on the 30th	30.450
..... lowest on the 6th	29.153
..... range	1.297
Number of days fine	10
..... dull	3
..... on which any rain fell ..	17
Quantity of rain in inches	2.29

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
4	2	0	9	6	2	0	7

BOOKS RECEIVED.

Three Reports by the Joint Deputation of the Society of Apothecaries and the National Association of General Practitioners, appointed to confer with the Secretary of State on the subject of the Incorporation of the General Practitioners in Medicine, Surgery, and Midwifery. London: Highley. 1846. 8vo., pp. 46.

A Table of Deaths registered in 115 Districts of England, during the Quarter ending March 31st, 1846.

TO CORRESPONDENTS.

Communications have been received from Mr. C. J. Gibb ; W. A. G. ; Mr. J. S. Bartrum ; Mr. E. Humpage ; Dr. Fife.

We will see that Mr. Bartrum's request is complied with.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Solih.



REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been **454**, and the Annual Premiums received thereon, **£9,183. 5s.**, exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to **£112,277** per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying **£4,551** within the last year to Annuitants, and for the purchase of Policies,^d and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of **£59,016. 18s. 10d.** has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1624 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,
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AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.

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* See *London Medical Gazette*, of September 26, 1845, p. 962.

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WEDNESDAY, MAY 13, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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ROBERT J. N. STREETEN, M.D.

1846.
No. 20, Vol. III.]

WEDNESDAY, MAY 20, 1846.

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Members of the National Association, desirous of attending, can obtain tickets of the Stewards, on application at the Office of the Association, on or before the 25th of May.

Dinner on the table at Six o'Clock for Half-past Six precisely.

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NOTICE IS HEREBY GIVEN, that the Annual Examination for MATRICULATION in this University will commence on MONDAY, the 6th of JULY.

The restriction of age formerly imposed on Candidates for Honours is now removed.

The Certificate of age must be transmitted to the Registrar fourteen days before the Examination begins.

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R. W. ROTHMAN, M.D.,

Registrar.

Somerset House, 14th May, 1846.

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"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery: Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett, Treatise on Inflammation: Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31ST OF JANUARY, 1846.

By GEORGE FIFE, M.D., Newcastle-upon-Tyne, late
Physician to the Sunderland and Bishop-Wearmouth
Infirmary.

(Continued from page 215.)

The term hæmaturia is indiscriminately bestowed on all cases in which bloody urine is passed, and is, consequently, far from conveying any precise pathological meaning of the various causes on which it may depend, the most common of which are diseases of the kidneys and bladder, and injuries of the urethra. To the two former it is intended to restrict the following remarks, as the latter case almost always results as a mere accident, and very frequently is a consequence of force improperly used in passing instruments into the bladder.

Hæmaturia may be divided into two kinds, renal and vesical, the correct diagnosis of which varieties is of considerable importance so far as treatment is concerned, and therefore deserves attention. Without at all questioning the obscurity which so often characterises the source of the disease, it may be affirmed, that by due care, on the part of the practitioner in the examination of the case, any difficulty may be generally and completely overcome. Renal hæmaturia may arise from various morbid conditions of the kidneys, and when it does so, is accompanied by a train of symptoms sufficiently indicative of its source, to prevent all confusion with the disease which has its origin in the bladder. What these are shall now be briefly pointed out. When the hæmorrhage takes place from the kidney, the patient generally suffers from pain or a sense of weight, and fulness or uneasiness in the loins. The pain varies considerably in its character, being sometimes dull, aching, and almost constant in its character; at others acute, temporary, and spasmodic, as in the case of biliary calculi; there is generally also more or less sickness, with or without vomiting. The discharge may be the consequence of sub-acute or chronic inflammation of the organ; or it may depend on the presence of calculi. In the first case there is, in addition to the uneasiness in the lumbar region, generally retraction of the testis, which is to be regarded as almost pathognomonic of such state of the kidney. In the last, the pain commonly extends from the back downwards to the groin, and is more or less severe and continued, according to the difficulty which the calculi experience in their transit through the ureter into the bladder, where they may remain for some time, or, whence they may be voided with the urine. In all these cases it is expedient to examine

any coagula which may be excreted, as it is not unusual to find small calculi enveloped in them, the discovery of which tends very materially to remove any obscurity or doubt, as to the real nature of the disease, and consequently may be rendered in the last degree subservient to the treatment. Nor should the chemical constitution, either of such calculi, or that of the urine, be overlooked, as in no cases does chemistry prove more valuable as an auxiliary to medicine, than in cases of urinary deposits, which are altogether dependent on undue proportion of the elementary constituents of the secretion, or at all events, on their elimination from the blood. Thus where acid preponderates, the greatest possible benefit accrues from the judicious employment of alkaline medicines and the least ascendant articles of diet; whilst, on the contrary, where the alkaline principle prevails, similar advantage may be confidently anticipated from the employment of acids, and more especially the mineral acids.

Where the disease is consequent upon injuries received, either by blows over the loins, or by lifting very heavy weights, it generally subsides under ordinary treatment, but is very liable to recur, and to assume the character of confirmed disease. To such an extent is this the case, that these injuries may be fairly set down as one of the most common causes of renal hæmaturia.

Vesical hæmaturia may depend on various morbid conditions of the bladder, amongst the principal of which may be mentioned organic disease of the mucous coat, the presence of rough and irregular calculi, and inflammation, by which the vessels become dilated, their orifices relaxed, and blood is poured out. In these cases, the back is seldom altogether free from uneasiness or pain, but the feelings are more distinctly referred to the pelvis, especially the lower part, towards the perineum and rectum; there is also generally frequent desire to pass water, with a sense of bearing down and pressure about the rectum, with tenesmus. From what has now been said of the causation of hæmaturia, it is obvious that the treatment must be correspondingly varied, and consequently no definite plan can be rationally laid down as of universal, or even general efficacy, and in this, as in all other diseases, the state of the system at large, as well as the local disease, must be carefully regarded.

Treatment.—General blood-letting, according to my experience, is seldom requisite, as in those cases where the circulation was most active, other means, followed by less permanent reduction of the powers of the system, invariably sufficed to subdue the excitement; where, however, the patient is young, vigorous, and

plethoric, much time and suffering will doubtless be saved by recourse to it. In none of the cases mentioned in the table was it considered necessary. The topical abstraction of blood, by cupping over the loins, where the kidneys are affected, is most beneficial; and where the bladder is similarly engaged, leeches to the groins, or perineum, were equally useful. In renal cases, dependent on, or connected with, sub-acute inflammation, counter-irritation, by means of the antimonial ointment, proved of great service. Blisters are to be avoided. Where the pain seemed connected with calculi of the kidney, friction with morphia in the form of ointment, or the belladonna in that of plaster, applied over the loins, materially relieved it. In cases where the circulation was increased, and where sickness was not urgent, the tartrate of antimony was given with advantage, and where by reason of the presence of sickness and vomiting, it appeared contra-indicated, the digitalis was advantageously substituted for it.

As a means of arresting the hæmorrhage, the acetate of lead and sulphate of alum both claim confidence, although neither of these medicines is free from very decided objections, which may, however, be much diminished by their combination with other medicines; the acetate of lead, for example, should be combined with opium, and the sulphate of alum with hyoscyamus. When so combined, the constipating or paralyzing effect of the one is in a great measure counteracted, and the constipating and irritating tendency of the other, as certainly lessened. As a means of relieving pain, hyoscyamus and conium are decidedly preferable to the preparations of opium, and when given in sufficient doses, and at proper intervals, hardly less to be relied on. Where the pain is connected with the bladder, and that viscus is in a highly irritable state, suppositories are most efficacious, and free from the objection which attaches to the liberal employment of anodynes by the mouth. The remedy against the discharge of blood in which I have most confidence, and which has in no case produced any unpleasant effect, is the secale cornutum. I have generally given it in doses of from ten to fifteen grains, in combination with the carbonate of soda, or potass, and at intervals of from four to six hours, according to the urgency of the case. Where it at all disorders the stomach, as it rarely does, this tendency may be diminished by the addition of a few grains of ginger, or compound cinnamon powder. Of the alkalies, the liquor potassæ is the most convenient, being readily combined with the tincture of digitalis, where vascular excitement calls for it. Of the acids, the sulphuric, hydrochloric, and nitric, may all be given with benefit, as all of them seem to have the effect of diminishing the hæmorrhage, the selection of any particular acid being regulated by the circumstances attendant on individual cases. The vegetable acids I have not used *medicinally*, although I have allowed the use of lemonade, where patients desired it, and where no contra-indication existed. In decidedly chronic cases, both turpentine and copaiba have proved useful, appearing not only to diminish the tendency to hæmorrhage, but also to act most beneficially on the mucous membrane, especially by lessening the discharge of mucus, which is necessarily attended with considerable waste of the powers of the system. The pareira brava and ura ursi have also been used with more or less advantage. The preparations

of iron in combination with quinine and iodide of potassium, are useful in improving the general health and tone of the system; the hydrochlorate of iron has been supposed to restrain the hæmorrhage, but how far it really possesses this power, I do not feel competent to pronounce any opinion. Cold, in the form of enemata, and also externally applied, has been highly recommended. In the first form I have had no experience of its effects; but in the external application of cold cloths to the perineum, and over the pubes, when the hæmorrhage is from the bladder, I have some confidence, but only as secondary, or auxiliary to other and more decided measures. Such is a very brief outline of the treatment of this disease, which my own experience has taught me to look upon as most efficacious, and which, when duly modified according to circumstances, will be found generally applicable.

Of the *post-mortem* appearances met with on examination of those who have died from hæmaturia, it is difficult to cite any as being peculiar to it; this arises from the fact, that hæmaturia is rather an *effect of disease than a disease itself*. The case sometime ago recorded in the pages of the Journal may be taken as an illustration of almost all the anatomical characters of the disease, as it embraced in one, such a congeries of appearances, as exhibited almost every cause of the disease, in its most aggravated forms; and any one morbid condition, either of the kidneys or bladder, would have sufficed as a cause in itself. So little time has elapsed since the publication of the case alluded to, that it seems altogether unnecessary now to enumerate the changes of structure met with. These remarks may therefore be brought to a close by a few words on the subject of prognosis.

In no disease with which actual experience has made me conversant, does there appear greater necessity for the most scrutinizing care in its examination, before coming to any conclusion as to the result, than in that under consideration. This is equally true whether the patient, relatives, or practitioner, be considered; and it is to be borne in mind, that however capable medical men may be of appreciating difficulties, and therefore, of excusing fallacies, patients and anxious relatives are neither impartial, nor competent judges of either one or the other. Hence where the prognosis does not appear positively unfavourable, it should be studiously guarded, as where hæmorrhage has once occurred from either the kidneys or the bladder, whether the result of disease or of accident, it is not only liable to recur on very slight occasions, but such liability is augmented by every fresh attack. In confirmation of this statement, I may briefly advert to the cases noticed in the table, which are seven in number. Of these, five were in parties who had reached or passed the meridian of life, whilst two only—one male and one female—were under thirty years of age, and in both of these the discharge resulted from pure accident, and has not so far as I know returned. The other five cases are in parties ranging from fifty-five to seventy years of age. One has already proved fatal; another, the subject of which is an aged female, cannot long continue, from the great debility induced by the frequency and extent of the attacks of hæmorrhage; whilst a third, although much relieved for the time, will, beyond all doubt, terminate fatally,

although the time may be remote. In both of these cases the disease is manifestly organic, and in both the symptoms are referrible to the kidneys as well as the bladder. Two other cases I have lost sight of, but one of them was considered unfavourable, not only from the extent of the hæmorrhage, but also from considerable mucous discharge when the former was absent, which may be safely set down as a decided proof of disease of the mucous coat of the bladder. To these cases many others might be added, but it seems quite an unnecessary waste of time to extend the list, where the inferences would only derive confirmation from so doing. The prognosis, then, in hæmaturia may be said to be generally unfavourable where the disease has either existed for any length of time, or frequently recurred. At the best, it is always doubtful, so far as the ultimate result is involved, although perhaps favourable as to immediate danger.

The other diseases of the genito-urinary system are not of sufficient interest to induce me to trespass further on the time or patience of the readers of the Journal, and may, therefore, be passed over with the simple observation, that the case of cystitis was the mere effect of gonorrhœa; those of enuresis or incontinence of urine the result of debility, especially want of energy in the spinal system of nerves; and those of dysuria, either connected with renal disease, or dependent on stricture of the urethra.

(To be continued.)

ON FRACTURE OF THE RADIUS AT ITS LOWER THIRD.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—In the case of fracture of the lower third of the radius, arising from very trivial causes, can any of your readers give any further explanation of its so frequent occurrence in that region, than is afforded by the bone there wanting that muscular layer which covers and supports the higher portions? If they can, they will oblige me, as elucidating what has always seemed not very fully explained by the anatomical relations of the part, nor sufficiently accounted for by the power of antagonising muscles.

On reference to the cases mentioned below, the seat of fracture in all was very nearly between the insertion of the pronator radii teres and the upper edge of the pronator quadratus, within the space between the second and third inches from the wrist, where, *a priori*, it could hardly have been expected from the thickness and strength of the bone. The following illustrative cases appear to demonstrate the existence of some common cause of weakness in that region, when a disturbing force is applied in some particular direction, occurring as they did chiefly among men in the prime of life and health, and while pursuing their usual occupations. Those arising from direct injury have been excluded, as not affording an explanation of this accident, which is so often overlooked, or treated only as a sprain.

Date.	Name.	Age.	Occupation.	Cause of Accident.	Seat of Fracture.	Under treatment.	Remarks.
1843 April.	James Neate	32	Labourer.	At his usual work.	Right radius	9 wks.	
June.	Jarvis Yates.	16	Labourer	Lifting a sack of wheat "sprained" his arm.	Left radius	11 wks.	He was in an anæmic state, though at full work.
"	Steph. Freeman	38	Butcher	Knocked his elbow or arm against a basket in the street, but thought nothing of it.	Right radius	—	For some time previous and subsequent was suffering from phthisis.
Dec.	Henry Street	40	Mason.	At his work, lifting a stone.	Ditto	13 wks.	
1844 Jan.	Thos. Hulonce	38	Labourer	Breaking stones	Ditto	13 wks.	
	Male	—	Labourer	Not recorded	Ditto		
1845 Jan.	John Moore	43	Mason	While raising a block with a lever, felt his arm snap	Left radius, very oblique	5 wks.	More than usual displacement.
Aug.	Susan Cheese	48	Housewife.	Slipped off a step, and fell on her hand, which doubled under her	Right radius and head of the ulna	12 wks.	From the additional injury, the hand as well as the arm needed support.
"	James Brown	23	Labourer	"Sprained it," pitching hay	Right radius	8 wks.	Did not apply for a week after the injury.
Sep.	Sarah Freeman	40	Ironer	Fell on her hand from a slight height	Ditto	8 wks.	
1846 April.	Wm. Bidgood.	28	Quarryman.	Swung himself down by his arm from a crane.	Left radius, very oblique	5 wks.	

The symptoms presented by such cases are most simple: the patients complain that some days since they sprained the arm, they know not how, yet can remember that at some certain hour they felt great weakness in the spot mentioned; occasionally they notice the grating, and draw attention to it. On examination some slight swelling marks the seat of injury; if it has happened some days before applying to the surgeon, the crepitus cannot be heard except under varied and somewhat rough manipulation. The fractured ends are often so little disturbed, that the arm may be used in the lighter occupations, but cannot bear any strain nor weight.

The treatment consists of a starched roller, or softened millboard splint, retained for three or four weeks, the subsequent period before resuming their work, varying in some degree according to their vigour of body and mind.

I remain, Sir,

Yours obediently,

Bath, May 8, 1846. JOHN S. BARTRUM.

ON DISEASES OF THE EYE.

(Continued from page 217.)

TREATMENT.

Ophthalmia.—The most energetic antiphlogistic measures are necessary in some cases; not that life is in danger, but from the risk of loosing the sight; for if not speedily checked, the inflammation will soon extend from the part attacked to other tissues, and impair or entirely destroy their functions.

General and local bleeding, with purging, are first indicated, followed up by tartar-emetics; then calomel and opium frequently repeated to prevent effusion and relieve pain; and when the iris is affected, belladonna must be locally applied to dilate the pupil.

In some cases milder measures will suffice; as a few leeches, a blister, and a dose or two of physic.

The local treatment at first consists of fomentations and poultices; but when the inflammation is somewhat checked, astringent and stimulating applications are required in conjunctivitis, as alum, sulphate of zinc, vinum opii, nitrate of silver, sulphate of copper, and bichloride of mercury.

Many cases of ophthalmia require tonics and good nourishing diet, and even the more severe forms of the disease also demand support in their chronic stage. It is impossible to do justice to the subject of the treatment of inflammation of the eye in these few general observations; the object here is *only* to point out the general principles that should guide us, for *detail* we must refer our readers to the many valuable and elaborate treatises on diseases of the eye contained in our medical libraries.

Opacities and Specks on the Cornea.—Keep down the inflammation, and give mercury or iodine to promote absorption. Local remedies do more harm than good in the early stage, but when the cause of the opacity is removed, they may advantageously be applied; the best are nitrate of silver, (gr. ij.-v.—oz. j.), bichloride of mercury, (gr. l.-ij.—oz. j.), vinum opii, unguentum hydrargyri nitratis, iodyne collyria, or the following powder finely levigated and blown on the speck through a quill—nitric oxide of mercury, dr. j.; sugar, oz. j.; —mix.

The trunks of the enlarged vessels must sometimes be divided.

Staphyloma.—Apply muriate of antimony to the apex of a partial staphyloma with a camel's hair pencil, while the eyelids are kept apart, and then wash it off with tepid water or milk before the eye is shut. In total staphyloma the protuberance may be cut away, but sight cannot be restored.

Ulcer of the Cornea.—A judicious combination of tonics and counter-irritation, with local applications, is generally required.

Onyx and Hypopion.—Treat the inflammation, and promote absorption; but avoid the lancet, as this would increase the risk of opacity of the cornea.

Synechia.—In recent cases the use of mercury and belladonna will sometimes separate the adhesions. In some cases an artificial pupil may be made.

Prolapsus of the Iris.—When quite recent, and through a wound, the iris should be reduced. If this cannot be done, we should touch the tumour repeatedly with nitrate of silver. Sometimes an artificial pupil may be made.

Closure of the Pupil.—There are three operations for the formation of an artificial pupil:—

- 1st. A simple cut through the iris; coretomyia (κορη, pupil; τομή, section.)
- 2nd. Removal of part of it; corectomyia, (κορη; εκτομή, excision.)
- 3rd. Separation of its external margin from the corpus ciliaris; coredyalialis, (κορη; διαλυσις, loosening.)

Hydrophthalmia.—Blister, mercury, iodine, and in some cases paracentesis oculi.

Cataract.—In congenital cases the operation should be performed early—from the age of eighteen months to two years. There are three operations:—

- 1st. Couching or displacement consists in the removal of the lens from the axis of vision. It has two varieties:—
 - a. Depression; here the lens is pushed directly below the level of the pupil.
 - b. Reclination; denotes the turning a cataract over into the vitreous humour, so as to direct its upper edge backwards, and its anterior surface upwards.

2nd. Extraction is the removal of the lens completely out of the eye.

3rd. Division into fragments which become absorbed.

Glaucoma and Amaurosis.—Mild antiphlogistic remedies, together with calomel and opium, or iodine, may be tried; but there is little hope of benefit. In some cases tonics are indicated. *Functional* amaurosis may be cured by removal of the cause, (as lactation, &c.)

Malignant Diseases.—Extirpation of the eye is more likely to prove successful in chronic, and black, than in acute cancer, which usually commences on the retina or nerve.

Eyelids.—Abscess should be early opened.

Ectropium.—When from acute inflammation, the everted conjunctiva should be scarified, and may then generally be reduced. In more permanent cases a fold of conjunctiva may be removed, and sometimes a portion of the tarsal cartilage.

Entropium.—In temporary cases a compress may be fixed against the lower portion of the eyelid with adhesive plaster; when permanent it is treated by cutting away a fold of skin near the edge of the tarsus, or

by cautiously applying a little sulphuric acid across the centre of the eyelid. When the shape of the tarsal cartilage is altered, other plans are necessary.

Trichiasis.—Remove the inverted cilia with forceps, or pair off the edges of the eyelids, including the bulbs of the eyelashes.

Granular Conjunctiona.—Evert the lid, and apply with a camel's hair pencil, melted unguentum hydrargyri nitratis, or solutio argenti nitratis (gr. xx-xxx—oz. j.;) or rub it with sulphate of copper or nitrate of silver. The eyelid must be bathed with tepid water before it is returned to its natural position. In some cases excision of the callosities is desirable.

Concretion of the Eyelids.—Divide the adhesion with a knife, guided on a director.

Lachrymal Organs.

Enlargement, &c., of the gland, may be treated with alternative medicines, iodine frictions, &c.

Encanthis.—Astringent applications, and sometimes excision.

Inflammation of the Lachrymal Sac.—Deplete, and use emollient applications, &c. If resolution is not practicable, we should puncture the sac, and inject tepid water with Anel's syringe. If the nasal duct is contracted, a nail-headed style should be worn; it must occasionally be removed and cleaned. When a probe cannot be got through the obstruction in the nasal duct, a piece of catgut or bougie may be left in the passage, and the attempt to overcome the stoppage daily repeated. Alternatives, tonics, and counter-irritants, are often indicated.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

PECTORAL ABSCESS, FOLLOWING DISLOCATION OF THE HUMERUS.

Joseph Burgess, aged 26, a stout healthy looking man, of the bilious nervous temperament, admitted January 9th, 1843, with a very extensive diffused abscess in the left pectoral region. The whole of that part is greatly swollen, red, hot, and exceedingly painful on the slightest pressure; there is distinct fluctuation throughout, particularly at the lower part of the origin of the great pectoral muscle, and the axillary space feels like a bladder tensely filled with fluid. The movement of the arm gives great pain; has intolerable thirst, and high febrile commotion.

History.—Travels with a menagerie, and three weeks ago, whilst lifting a heavy weight, lost his grasp of it, and felt something in his left shoulder give way; after this had all the symptoms of dislocation into the axilla, but owing to the nature of his employment was unable to get it reduced until a week had elapsed, when continuing his work, (which he had never intermitted,) a violent throbbing pain set in, and was soon followed by the other symptoms of an abscess.

To have ten grains of Dover's powder, with five of hydragryum cum creta, at bed-time, and a dose of castor oil in the morning, with milk diet.

10th. In much the same state; slept poorly; bowels free. Abscess punctured by a trocar, below and a

little internal to the left nipple; a pint of healthy pus drawn off; a strip of plaster placed over the wound; and a flannel bandage rolled around the chest.

To have ten drops each of tincture of digitalis and laudanum thrice a day, and a grain each of opium and digitalis at night, with the common efferevescing drinks.

12th. Felt much relieved after the tapping; face highly flushed, and febrile symptoms violent; delirious at nights; less pain in abscess, which was again punctured, and evacuated of another pint of matter. To continue, and have the bandage replaced.

14th. Less feverish, and sleeps more; the swelling of shoulder, and other parts adjacent to the abscess, greatly subsided; pain considerably diminished. Abscess, which is soft and flaccid, incised by a lancet, and the whole of its contents allowed to drain off; opening then plugged, and bandage reapplied. Continues his medicines.

16th. Abscess discharges pus copiously; continues very feverish, and so delirious at nights as to need restraint; bowels free; sweats much, and pulse keeps quick and weak.

To omit the night powder, and continue the mixture and bandage.

19th. Discharge flows less profusely from under the bandage, which is renewed every morning; walls of abscess adhering favourably, the parts feeling comparatively firm; less constitutional disturbance, but still requires restraint at night; slight purging.

To omit the digitalis, and to have forty drops of laudanum at bed-time.

22nd. Doing well; discharge diminished to an ounce in the day; situation of abscess of its natural rotundity, but the soft parts firmer and more adherent to the ribs than they ought to be; febrile symptoms greatly gone, and sleeps pretty well; does not remember any of the occurrences of the last week.

To have a chop, and continue the cooling draughts only.

28th. Abscess completely obliterated, the opening discharging a few drops of serum only; feels exceedingly weak, and has generous diet.

February 2nd. Almost well; uses his arm a little, and is gathering strength.

6th. Dismissed; the motions of his shoulder, however, being cramped from the tight adhesions of the parts connected with the abscess. Ordered to use the soap liniment, with moderate exercise.

PECTORAL ABSCESS, FOLLOWING RHEUMATISM.

William Bradley, aged 25, seaman, of the nervous sanguine temperament, admitted March 2nd, 1846, with a large abscess occupying the right axillary and pectoral regions; these parts are exceedingly tense and elastic, very hot, and excessively painful; deep fluctuation is felt very distinctly at the sternal side of the nipple, but elsewhere it is much less perceptible; is a little delirious at night, sleeping none; has considerable thirst, and general inflammatory symptoms; tongue thickly coated with the rheumatic fur; bowels confined.

History.—Caught cold ten days ago, whilst at sea, and two days afterwards was seized with general articular rheumatism, especially of the right shoulder; which he has not since been able to move without the

most excruciating pain; had severe rigors five days ago, upon which the pains and swellings left the other joints, and became augmented in the shoulder. A deep incision near to the sternum was required to open the abscess, when a pint of thick pus flowed slowly, and gave great relief.

Ordered fomentations and a light poultice; also fifteen grains of Dover's powder at bedtime, with a purging draught in the morning, and the common effervescing draughts.

3rd. Much easier; slept well; bowels freely moved; much less feverish; healthy pus exudes copiously. To continue opiate, &c.

5th. Doing exceedingly well; discharge lessening, and can bear pressure without pain; tongue cleaner, and constitutional irritation greatly subside.

To have four grains of calomel, with the Dover's powder, at bedtime, and a dose of purging infusion in the morning.

8th. Free of pain, and febrile symptoms almost gone; tongue cleaner; some appetite; side of chest feels firm, and opening discharges about a tablespoonful of pus during the day.

To take the calomel and infusion again, and have the chest dressed and bandaged.

18th. Discharge almost ceased; unable to make much use of his arm, on account of the induration in the side of the chest; appetite good, and feels quite well; tongue white, but clear of fur.

To move his arm freely, and use a soap liniment to the chest.

24th. Opening closed; shoulder remains a little stiff. Dismissed cured.

Remarks. It is exceedingly rare to find suppuration follow the reduction of a dislocation where the common precautions of rest and attention to the health are in any way attended to; but in the case of Burgess, all these, from the peculiar circumstances under which he was placed, were not in the slightest heeded, and being a plethoric and gross subject, the slight inflammation in the stretched and bruised tissues that usually follows the reduction of a dislocation, quickly ran on to profuse suppuration, with a train of most dangerous consequences. The abscess on his admission was surprisingly large, and although so much caution was used in its evacuation, the constitutional disturbance was of a most serious and hectic description. The termination was fortunate, the abscess was favourably obliterated, and with that the danger of further injury to the communicating joint greatly diminished.

The cause of the abscess in the other case was more obscure, but would seem to have been from the participation of the surrounding tissues in the rheumatic inflammation of the joint, and if such, is a thing of most uncommon occurrence; the disease, however, appeared to have expended itself in the production of it, for as soon as the rigors denoted its formation, the attack on every other part ceased, and the diathesis, as if concentrated in the abscess, kept pace with its progress, (as denoted by the tongue, which gradually lost its characteristic fur,) and seemed to have relieved itself not in the manner usually employed by the physician, who augments the natural secretions, but by a copious purulent discharge.

As opposed to this, the following case may perhaps,

with propriety, be mentioned. A lad, aged 14, was admitted two months ago with a severe injury to the foot; copious suppuration ensued, with accompanying systematic derangement; then came abnormal increase of appetite to meet the discharge, and the ulcer having within late commenced suddenly to dry up and cicatrize rapidly, he was ten days ago seized with a very severe attack of rheumatic swellings and pains of all his joints, which have kept him completely crippled, until by the warm-bath, nitre, and brisk purges, together with Nature's effectual adjuvants—loss of appetite and great indulgence in fluids—he is now nearly recovered.

April 28, 1849.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, MAY 20, 1846.

As the question of intra-mural interment is now again about to occupy the attention of Parliament, we would once more urge the importance of attention to the subject. The wretched abominations disclosed in the publications of Mr. George Walker, though portrayed in strong language, there is every reason to believe are not exaggerated.

The following is a portion of the evidence given before the committee for enquiring into the Health of Towns, quoted from the report of that Committee by Mr. Walker, in his last publication on this subject. It relates to a private burying place attached to a Dissenting Chapel. We suppress the names as immaterial to our object; it is sufficient to know that such outrages exist, and are tolerated:—

Mr. Samuel Pitts, called in, and examined.

123. What is your occupation?—I am a cabinet-maker by trade.

124. Are you connected in any way with the cemeteries which have been formed of late?—No, I am not.

125. Where do you reside?—At No. 14, Catherine Street, Strand.

126. Are you an attendant in — Chapel, — Lane?—I was formerly.

128. Will you state to the Committee generally the state of the interments in the cemetery of that chapel?—At the time I attended it, which was from about the year 1828, for six or seven years, there were interments, and the place was in a very filthy state; the smell was most abominable, and very injurious; I have frequently gone home myself with a severe headache, which I suppose to have been occasioned by the smell there, more particularly in the summer time; also there were some insects something similar to a bug in shape and appearance, only with wings; about the size of a small bug; I have seen in the summer time hundreds of them flying about the chapel; I have taken them home in my hat, and my wife has taken them home in her clothes; we always considered that they proceeded from the dead bodies underneath; there was nothing but the thin boards between the

depository and the chapel, and there were openings between, owing to the shrinking of the boards.

129. Do you mean to say there was nothing between the vaults and the chapel but the thin boards?—No, the thin boards and the joists; there was not the usual lath and plaster.

130. Were they buried in simple coffins?—Yes; I never heard that there was a leaden coffin in the place.

135. What number of dead bodies are there in this place?—I should suppose ten or twelve thousand.

136. In a space of 50 or 60 feet by 40?—Yes.

138. What was the effect of burying this number of bodies in this space under these circumstances?—I felt the headache, and I considered that that was the cause of it; it was very injurious to the neighbourhood round.

141. Has it come under your observation that the persons attending the chapel have experienced the same inconveniences which you did?—Yes, frequently persons have been taken out of the chapel fainting in the middle of the service.

142. Has that been in winter or summer?—Both winter and summer, more particularly summer.

143. Was the congregation a crowded one?—Not latterly; it fell off.

144. Have you seen that occur when the congregation was not crowded?—Yes.

146.—What is the depth of the vaults to the floor of the chapel?—About six feet.

147. In a space of 59 feet by 29, with a depth of 6 feet, how can there be 12,000 bodies?—A great number were buried, in the first instance, till it got too full.

141. Buried below that depth?—Yes.

149. Your statement is, that in the space of 59 feet by 29, they have buried as many as 12,000 bodies?—From what I have understood, a great many have been removed, to make room for others; I did hear, and it came through a woman who used to wash for Mrs. —, that they used to burn the coffins under the copper, and frequently in their own fire-place.

150. What became of the remains?—I do not know what became of them, unless they were shovelled altogether, which I believe to be the case in this place.*

164. Have you any reason to believe that the abduction of coffins has proceeded to any great extent?—Yes, I have.

165. Have they been removed by night?—I do not know at what time they were removed; but I understood it was a regular thing for them to burn the coffins in their own house, which was adjoining the chapel.

166. That they burnt the wood of the coffins in the house of the Minister?—Yes.

187. In how many years do you suppose those 12,000 bodies have been deposited, or how long is it since this chapel was opened?—It was first built, I believe, in the year 1822.†

192. You account for the vast number of persons buried there from the cheapness of the fee?—Yes.

193. This gentleman, though a Dissenter, took in other persons to be buried there?—Yes; my wife remonstrated with Mr. — when she heard the

report of the burning of the coffins; we buried a little boy there, and he said she need not make herself at all apprehensive about it, she might at any time see the corpse; in fact, it was at first put in a kind of private vault, a little stone place, built, I believe, chiefly for his own children. I had at the time an impression that I should remove it to my own family grave in Bunhill-Fields, but it has never been done; when she remonstrated with him about it, he said she might at any time see it after it had been buried a twelvemonth; that he had no objection to any person seeing coffins opened after the first twelvemonth, but he thought during the first twelvemonth it was not proper; but there would have been no possibility in nine cases out of ten of getting at the coffins or finding them at all, in consequence of the number placed there.

199. You are quite certain you have smelt, yourself, in this chapel the effluvia arising from those dead bodies?—Hundreds of times.

200. This is in a very densely populated neighbourhood?—The houses are close upon it.‡

201. Can you account for 12,000 bodies being placed there, except that the coffins must have been destroyed for the purpose of giving more room?—No, I cannot, for I do not think the space would hold them.

202. If this Minister had not burnt the coffins he could not have had room to put in that number of bodies?—I think he could not.

There are few who have not been disgusted with the narration of the practice of the Neapolitans in casting the scarcely cold mortal remains of friends and relatives into the vast pits provided for their reception; but repugnant as this practice is to the feelings, it is not a greater outrage than the bone-burnings, and violation of every decency which occur in several of the leading metropolitan cemeteries, while being performed at a distance from the towns, and the pits being immediately closed, injury to the health of the living is at least avoided.

The crypts and grave-yards of the large provincial towns of this country partake of the same evils arising from over-crowding, though perhaps not to an equal extent with some of the London receptacles. These have been well exposed by Mr. Crosse in reference to Norwich, and have been shown also to exist in other towns. In a case which has recently come to our knowledge, the church-yards of some of the most populous parishes in a large provincial town are so crowded that the grounds have been temporarily closed by order of the Bishop of the diocese, and are not allowed to be opened without his express permission. In two of the parishes alluded to, the clergyman is unable to inhabit the rectory-house from its proximity to the burial ground; and in a third the family of the rector are greatly annoyed, especially in warm weather, by the offensive effluvia from the crypts beneath the church, to which the house immediately adjoins.

* Human bones have been discovered under the late proprietor's kitchen floor.

† The place was opened for public worship on the 16th April, and the first body was deposited on the 6th of October, 1822.

‡ The lane, at its widest part, does not measure fourteen feet.

The bill which is about to be introduced into Parliament for the remedy of this growing evil, and the providing of decent and fitting receptacles in which the decaying remains of mortality may be suffered to rest undisturbed at a sufficient distance from the abodes of the living, will, we trust, receive general support. Whatever partial objections may be entertained by some parties to certain of the details, there surely can be none to the general principle; and the heartless traffic of a few interested persons in the dead bodies of their fellow-creatures, regardless alike of the feelings, the morals, the comforts, the health, and even the lives of those whom necessity compels to witness their unhallowed proceedings, and to dwell in the midst of them, ought least of all to be allowed to interfere with the carrying into effect of a measure of undoubted benefit to the community at large.

Janus. Zeitschrift für Geschichte und Literatur der Medicin, in Verbindung mit A. ANDREA, J. BUSSEMAKER, &c. &c. herausgegeben von A. W. E. Th. Henschel. Ersten Bandes erstes Heft. Breslau, verlag von Eduard Trewendt. 1846.

JANUS. A Journal for the History and Literature of Medicine, edited by Dr. Henschel, with the co-operation of A. Andrea, J. Bussemaker, and several others.

This Journal must appear as a curious phenomenon in the eyes of the British public; but it is in fact only another proof that in medical literature generally, (we do not say medical *science*, or medical *practice*,) and in that branch of medical literature especially to which this work is devoted, we are still far behind our continental brethren. Probably this is one of the deficiencies that strikes most foreigners who visit our country, or read our books; it was noticed a few years ago by Professor Marx, of Göttingen, in his "Erinnerungen an England," (See *Brit. and For. Med. Rev.* for Jan. 1843,) and though something has been done since that time to endeavour to create a taste for the older medical writers, it certainly has not hitherto been generally diffused. The formation of the Sydenham Society may indeed be justly considered as the greatest step ever made in this country towards the cultivation of a more refined and healthy style of literature; but the translating of one ancient author (though the work has been done in a manner alike honourable to the Society and to our country,) has given dissatisfaction to some of the members, while the publication of the Latin text of Sydenham drew forth the somewhat discreditable confession that the greater part of the medical men in Great Britain were unable to read his works except in their native tongue. (See *Prov. Med. and Surg. Journ.*, 1844, p. 14.; *Lond. Med. Gaz.*, 1843, p. 848.) In France, on the other hand, where we should not naturally at present expect to find over much deference for antiquity, nor very profound

classical learning, a project has been lately started (as we mentioned a few months ago, vol. for 1845, p. 675,) of printing the *text*, as well as a translation, of the ancient and medieval medical writers. Again, in all the journals of this kingdom, there have probably not been half-a-dozen articles relating to the history and antiquities of medicine during the last twenty years; but here we find a journal just established in Prussia, (a country not generally believed to be behind the rest of Europe in intelligence,) of which the principal object will be the throwing light upon those times which are commonly considered as utterly contemptible, because utterly unknown.

The name of the Editor, Dr. Henschel, is a sufficient guarantee for the manner in which the work will be conducted under his superintendence; and the list of his co-operators contains the name of almost every learned physician in Europe. The first number was, we believe, published at the beginning of the year, and to those who are interested in the subject it is likely to give great satisfaction. It contains—1. An introductory paper by the Editor; 2. An account of Hrabanus Magnentius Maurus, by Dr. L. Spengler, of Eltville; 3. Macrizi's Description of the Hospitals in Cairo, translated by Professor Wüstenfeld, of Göttingen, with the Arabic text; 4. A full and particular account, (by the Editor,) of the curious Latin MS. at Breslau, relating to the Medical School of Salerno, which has already been brought before the public notice by M. Daremberg;* 5. A critical examination, (by Professor K. E. C. Schneider, of Breslau,) of the celebrated story of Hippocrates and Artaxerxes; 6. An inquiry into the traces of a knowledge of the scarlet fever to be found in the medieval physicians, by Professor H. Häser, of Jena; 7. An historical and bibliographical account of Albertus Magnus, by Professor Choulant, of Dresden; 8. A sketch of the English sweating sickness, by Dr. Otto Seidenachnour, of Dresden; and 9. Petrarch's judgment on the medicine and physicians of his time, by the Editor.

This list of the contents of the first number will give some idea of the object and nature of the work. But besides the longer articles, each number is, we believe, for the future to contain a few pages under the head of "Miscellaneous;" and this will, in our opinion, be one of the chief recommendations of the work, and at the same time probably constitute one of its most valuable portions; inasmuch as the profession will now be furnished with the same ready and convenient receptacle for scraps of literary and antiquarian lore that is at present afforded by the common medical journals for fragments of scientific information, which are too precious to be lost, and yet unfit to be brought before the public in any more imposing form.

The work is, we believe, to appear quarterly, and to

* In his "Rapport adressé à M. le Ministre de l'Instruction Publique," &c., p. 27.

contain on an average about two hundred pages: the second number is published, but has not yet reached us. We have thought it right to notice the work thus briefly, as we have not seen any account of it in any of our medical journals; and we may from time to time borrow for our own pages some of its *least* learned articles. In the mean time we heartily hope it will meet with all the patronage it deserves, and that it will not only find *purchasers* in this country, but also *contributors*.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

November 12, 1845.

(Dr. GAIRDNER, President, in the Chair.)

CONTAGIOUSNESS OF PUERPERAL FEVER.

Dr. Peddie read a series of cases, illustrative of the contagiousness of puerperal fever, and its intimate connection or association with erysipelatous and phlebitic inflammation.

He had felt it to be his duty to communicate the facts connected with these cases to the profession, as, besides being important in a pathological respect, they might perhaps contribute in some degree to avert hazard from a most interesting class of patients, and preserve to the medical man that peace of mind and prosperity in practice which might otherwise be interrupted. While candour required this course, he felt assured of obtaining sympathy on account of the painful situation in which he had been placed; and that though the unfortunate medium of spreading a fatal disease, no larger share of blame would be imputed to him than appeared due, when the history of these melancholy cases had been carefully considered.

CASE I.—Mrs. S., aged 32, previously weak in health and depressed in spirits, entertaining a presentiment of approaching death, was delivered on the 2nd of September, after an easy labour. She was not carefully nursed; was seized on the third day with fever, which soon assumed the principal features of the malignant adynamic type, as described by Locock and others; and died on the 10th, the eighth day from her accouchement.

CASE II.—Mrs. W., aged 23, a poor woman, attended for another practitioner, at that time out of town. She was a very delicate person, and predisposed also to fever by a strong presentiment of death; was delivered after a very easy labour, although her first child, on the 7th of September, and afterwards transferred from Dr. Peddie's care. She had begun to complain on the third day, and died on the 13th,—the sixth day from her accouchement,—with all the symptoms of the adynamic fever, complicated with much intestinal irritation.

Dr. Peddie was not aware of this person's illness and death until after he had delivered his next patient.

CASE III.—Mrs. K., aged 25, also delicate, and in extremely low spirits, was delivered on the 14th September, of her second child; labour natural and easy; fevered on the 16th. Her case afterwards presented nearly the same features as those in Case 1, and she died on the 21st, seven days from the period of her confinement.

On the appearance of fever in Mrs. K.'s case, and finding that no epidemic prevailed, Dr. Peddie perceived that a contagious puerperal fever had broken out in his practice, and immediately consulted with several medical friends as to whether he should now for a time give up all obstetric engagements. The advice received was to comply as usual with the next call for attendance, but to adopt every possible precaution against the transmission of the virus further. Accordingly, by assiduous attention to sprinkling and washing with the solution of the chloride of lime, proper arrangement of visits, and change of garments—not forgetting even the gloves and handkerchief—he secured the safe delivery and recovery of three patients, the first on the 19th, the next on the 22nd, and the last on the 25th of September. That none of these patients showed the smallest tendency to fever, was the more satisfactory and encouraging, as the first and last were rather delicate, and the other was sister to Mrs. S., (Case No. 1,) who died only twelve days previously, and with whom she was much in contact. This, too, was the more singular, as she was in a state of so much alarm in the prospect of her own approaching hour of trial, as to be seized with labour rather prematurely. Dr. Peddie's anxious fears regarding the further propagation of the disease were thus lulled into security, and he felt disposed to view the occurrence of three consecutive cases of fever as one of those remarkable coincidences with which medical men occasionally meet; or if they really were instances of contagious fever, that the virulence of the morbid influence was exhausted, or could be overcome by the adoption of precautions. These sanguine hopes, however, were soon distressingly disappointed by the occurrence of the two following cases in rapid succession:—

CASE IV.—Mrs. T., aged 29, was delivered of her second child at twelve at noon, on the 26th of September. Resided a few doors from Mrs. K., (Case No. 3,) whom she attended on the evening of her confinement, and visited frequently until the fever showed itself, and again on the 18th, although strictly prohibited, when she assisted in effecting a change of clothes and bedding. She was afterwards likewise exposed to contagion from the constant intercourse of friends between the two dwellings. Her labour was very easy, and she had every appearance of doing well, until next day at twelve o'clock, noon, when she fevered; and death occurred in the evening of the 30th, the third day from the period of accouchement.

CASE V.—Mrs. T., aged 23, was delivered of her first child at twelve o'clock, noon, on the 27th of September, after a natural but rather tedious labour. It was completed some hours before Dr. Peddie had an opportunity of knowing that his last patient, (Case 4,) had been seized with the fever; and on making his evening visit, he found that she too was already affected with the dreadful malady. Death took place at three a. m., on the 30th, less than three days from the time of her confinement.

Dr. Peddie considered it beyond question, that Mrs. T., (Case 4,) had obtained contagious fomites from his last fatal case, (No. 3;) and while herself affected therefrom, had communicated the virus anew to his person, who conveyed it unconsciously to Mrs. T., (Case 5,) in whom it was developed almost from the moment of parturition.

Dr. Peddie now abandoned the practice of midwifery ; was confined at home for several days, being much indisposed with sore throat, fatigue and anxiety ; took medicine, and the warm bath ; exposed the clothes worn at these cases in an airy chamber, and sprinkled them from time to time with the solution of the chloride of lime, and went into the country for eight days, four of which were spent at the sea-side, and four on an excursion, into Perthshire and Stirlingshire. A fortnight, less one day, thus elapsed before Dr. Peddie resumed his practice, and accepted (on the 13th Oct.,) the next obstetric call, in consequence of urgent solicitation. Dr. Peddie entered into a minute detail of the symptoms of this case, (Mrs. M's, aged 30, first child,) which unhappily proved fatal on the 24th of October, eleven days from the period of her accouchement ; and he gave it as his own opinion, after much careful consideration, that he could not persuade himself of its having been a case of contagious puerperal fever, as there was a total dissimilarity in symptoms and mode of termination from the preceding characteristic cases, and as she had been in a most critical state of health for a considerable time previous to labour, with ulceration of the bowels, dilatation of the heart, and general debility. Dr. Peddie, however, stated, that lest his opinion was incorrect, he had felt it to be his duty to withdraw from midwifery practice for some time to come.

After some remarks on the nature of puerperal fever, and the opinion of authors concerning it, Dr. Peddie narrated several cases of erysipelas, phlebitis, and peritonitis, attended by him at the same time, and mixed up with his puerperal cases. From one of these, he thought it probable that the animal poison, producing the line of disastrous events in the accouchement chamber, originated, and referred, in proof of this opinion, to parallel instances related by Mr. Storr, of Doncaster, in the *Provincial Journal*, No. 166, 1843. The subject was a gentleman with a gangrenous erysipelas, spreading from sinuses surrounding the right hip-joint, which took their origin from a mismanaged bubo, and a much impaired constitution. It was the most malignant case of the kind ever witnessed by Dr. Peddie—proving fatal on the 13th of September, after the body had become deeply jaundiced, and large purulent deposits, with considerable emphysema, had formed in the right knee and left shoulder joints, as also among the muscles of the right forearm. This patient required dressings twice daily on account of the profuse discharge of dark-coloured fetid matter from the sinuses ; and it was while attending him, although ablutions were regularly performed, that Dr. Peddie delivered Mrs. S., and Mrs. W., (Cases 1 and 2,) and, on the day following his death, Mrs. K., (Case 3.)

Dr. Peddie then gave an account of several cases of disease undoubtedly originating from the puerperal fever case, (No. 3), thus affording a reflex proof of the existence of a puerperal contagious virus, affecting non-pregnant individuals, according to their special circumstances. One of them, a lady's nurse, who assisted frequently at Mrs. K.'s, was seized on the 25th of September with fever ; the symptoms at first being chiefly referrible to the abdomen, and then to acute phlebitis of the right forearm, from which she had been bled, and died delirious on the 2nd of October. Another was a nurse, who had acted occasionally at

Mrs. K.'s, had also waited on the sick nurse for one day, and had visited Mrs. T. (Case 4,) on the afternoon of her confinement, was affected with erysipelas of the head and face, from which she recovered with difficulty. And a third was an old lady, who was lodging in the house of the lady's nurse, with whom she took fever simultaneously, which, however, in her case proved to be mild. It was also remarked, that almost every individual who had visited at Mrs. K.'s during her illness, complained soon afterwards of one kind or another, particularly with slight feverishness and sore throat ; and it was at this time also that Dr. Peddie himself became affected in the same way.

Dr. Peddie concluded his communication, by stating the following as the principal points which he thought the facts mentioned seemed to prove :—

1st. That a specific virus, of an animal nature, is produced under certain circumstances, and in turn generates a peculiar form of fever in the puerperal state.

2nd. That a virus frequently originates from erysipelatous inflammation.

3rd. When once generated, it may be communicated from one lying-in patient to another with extraordinary virulence, quite independently of locality or epidemic influence, either by direct intercourse, or through the medium of a third person ; and that this is more likely to happen when the predispositions of a weak body and a depressed mind exist.

4th. That it may also produce disease of various kinds in non-puerperal individuals, more especially of an erysipelatous and phlebotic character.

5th. That the treatment of a contagious puerperal fever, whether directed by theoretical opinions, or the indications of physical signs, proves of little avail ; but that, if any theory is to be entertained respecting this malady, it should be that something of a specific and morbid nature requires to be thrown out of the system, and the powers of life at the same time sustained ; and that the practice which holds out the greatest prospect, small at best, of this being accomplished, is the adoption of the diaphoretic and stimulant plans, according to the stage of the disease.

6th. That the principal concern of the medical man should be—seeing that a cure is so rare—to adopt every conceivable precaution against the occurrence of a single case of the disease, or to lessen the risk of its propagation when once established in his practice. And to attain these ends, patients in childbed should either not be attended at the same period with cases of malignant or severe erysipelas, or that proper caution should be observed as to ablutions, more especially after contact with any discharge from such patients ; and when a case of puerperal fever does occur, chlorinated ablutions should be used ; and if a second occur, he should withdraw from obstetric practice for two or three weeks, if possible ; and in the interim attempt, by removal into the country, warm baths, and other alterative and purifying means, and by the exposure of clothing to a free atmosphere or high temperature, to rid himself of the subtle and powerful virus, which adheres to him so tenaciously.—*Northern Journal of Medicine.*

THE PROPOSED NATIONAL INSTITUTE OF
MEDICINE, SURGERY, AND MIDWIFERY.TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I conclude you are aware of the proposition to form a "National Institute of Medicine, Surgery, and Midwifery," by our metropolitan brethren of the National Association; but from a review of the scheme, as recorded in their "Transactions," it appears to me difficult for us, as members of the Provincial Association, to regard it as compatible with the interests of an association already in existence. We are *organized*, we are *united*, we are *powerful*, and our influence extends through the length and breadth of England, why then attempt to raise another structure until the one now erected be proved useless. I became a member of the National Association soon after its formation, but I have felt for some time that its efforts have been too exclusively directed to form a *tiers état*, an *imperium in imperio*; in fact, to get up an entirely new order of things; but it has failed, and we are now called on to form another association, the objects of which may all be attained by a little enlargement of the principle of our own Provincial Society. A museum is spoken of, and one gentleman is ready to deposit in it 3000 specimens, but would it not be possible for us to have in our large provincial towns, museums for the use of the members of the Association living within a certain radius. Then, again, a library for general use, is another object of this Institute; but of what earthly use would books in London be to a man living in one of our numerous country districts, which are rendered still more isolated by the railway system. Here again, our Association comes in, with its organization ready to form libraries in large towns, and indeed such is the fact already, for in Bristol a very good medical library exists. Indeed, I see in this proposition a thrust at our excellent Association, which must be carefully guarded against, and I cannot understand why our metropolitan brethren might not find all the advantages they state as likely to arise from this new arrangement already existing among us: let them only *unite* with us, and thus form one great *professional combination*, and we may augur the very best results.

It is the division—the separation, which is so rife, that has ruined our cause with the Government, and injured us in public estimation.

I believe a thoroughly united effort would even now, at the eleventh hour of our difficulties, make the professional voice heard in the ear of the executive. Let us, then, seek more freedom from party bias,—let not metropolitan envy provincial, nor provincial metropolitan; but by an united effort seek redress of grievances, and show by our *moderation*, by our *determination*, and by our *union*, that reformation of existing abuses can, and must be obtained.

I am anxious, Mr. Editor, to know your opinion on this projected scheme, and trust all our friends will consider, before they support, what must infallibly damage an Association now working much good through the country.

I remain,

Yours truly,

Bristol, May 8, 1846.

EDWARD HUMPAGE.

BURIAL IN TOWNS.

The following petition on this subject has been numerously signed by the inhabitants of Worcester, and presented to the House of Commons:—

"That your petitioners consider there is a necessity for some legislative measures being passed in reference to the subject of interment in towns and populous districts, inasmuch as they believe that the present system of burial in the midst of a crowded population, and within a space of ground totally inadequate to receive the remains of so large a number of the dead, is in many instances productive of injury to the public health, owing to the noxious emanations from the soil; while the frequent practice of re-opening graves, and the exposure of bodies in a state of decomposition, is repulsive to every feeling of decency and propriety.

"That your petitioners conceive that abundant and conclusive evidence has been furnished at various times on this subject; and they desire hereby to add their testimony to the over-crowded condition of most of the places of burial in this city.

"That while your petitioners highly approve of the public cemeteries which are now being constructed in the neighbourhood of many towns, they are yet of opinion that the evils arising from inter-mural sepulture can be effectually remedied only by the interference of the legislature.

"Your petitioners, therefore, pray your honourable house to take into consideration, at an early period, the Bill about to be re-introduced by Mr. Mackinnon on this subject, and they indulge a hope that an act will shortly be passed which will prohibit the present custom of interment in towns, which is a reflection on us as a Christian and civilized people, and is discountenanced by most other nations."

Among the signatures attached to the petition are those of most of the City Magistrates, the Dean and Clergy, and the resident Medical Practitioners.

SYDENHAM SOCIETY.

The following gentlemen were elected office-bearers of the Sydenham Society at the late Anniversary Meeting:—

President.—J. A. Paris, M.D., F.R.S., President of the Royal College of Physicians.

Vice-Presidents.—W. P. Alison, M.D., F.R.S.E., Professor of Medicine in the University of Edinburgh; Sir Benjamin C. Brodie, Bart., F.R.S., Sergeant-Surgeon to the Queen; Sir William Burnett, M.D., F.R.S., K.C.H., Inspector-General of Fleets and Hospitals; W. F. Chambers, M.D., F.R.S., K.C.H., Physician to the Queen and to the Queen Dowager; Sir James Clark, Bart. M.D., F.R.S., Physician to the Queen and to the Prince Albert; Sir Philip Crampton, Bart., F.R.S., Surgeon-general to the Forces in Ireland; Sir Alexander Crichton, M.D.; J. G. Crosse, Esq., F.R.S., Norwich; Joshua Henry Davidson, M.D., First Physician to the Queen for Scotland; John Davy, M.D., F.R.S.; Charles Hastings, M.D., F.G.S., Worcester; John Kidd, M.D., F.R.S., Regius Professor of Medicine in the University of Oxford; P. M. Latham, M.D.; Robert Liston, Esq.; Sir Henry Marsh, Bart.; Sir James M'Grigor, Bart., M.D., F.R.S., Lond. and Edin., Director-general of the Medical Department of the Army.

Council.—Henry Ancell, Esq.; W. R. Basham, M.D.; W. D. Chowne, M.D.; John Clendinning, M.D., F.R.S.; Bransby Cooper, Esq.; James Copland, M.D., F.R.S.; John Erichsen, Esq.; John Forbes, M.D., F.R.S.; Arthur Farre, M.D., F.R.S.; Cæsar Hawkins, Esq.; Edward Headland, Esq.; John Hilton, Esq., F.R.S.; Thomas Hodgkin, M.D.; Samuel Lane, Esq.; James Luke, Esq.; Jonathan Pereira, M.D., F.R.S.; Benjamin Phillips, Esq., F.R.S.; G. O. Rees, M.D.; William Sharpey, M.D., F.R.S.; Samuel Solly, Esq., F.R.S.; George James Squibb, Esq.; Theophilus Thompson, M.D., F.R.S.; Erasmus Wilson, Esq., F.R.S.; James A. Wilson, M.D.

MEDICAL INTELLIGENCE.

The triennial prize of fifty guineas, instituted by the College of Surgeons for the encouragement of anatomical and physiological researches and discoveries, has been awarded to Mr. Holmes Coote, F.R.C.S., of St. Bartholomew's Hospital, and Argyll-street, for an inquiry into the—

"Anatomy of the fibres of the cerebrum, cerebellum, and spinal cord in the human subject, together with the origin of the cerebral, spinal, and sympathetic nerves, specially illustrated by the anatomy of the same parts in the lower vertebrate animals."

The Jacksonian Prize for 1846, for the best dissertation on "Tumours of the uterus and its appendages; their structure, pathology, and treatment," has been awarded to Mr. Thomas Stafford Lee, M.R.C.S., of Upper Gordon-street, Euston-square.

Dr. Ernest Cloquet has just quitted France to succeed M. Labat as physician to the Shah of Persia.

The decoration of the Legion of Honour has been conferred on Dr. Olliffe by his Majesty the King of the French, a distinction seldom granted to foreigners resident in France.

HOUSE OF LORDS.—On Thursday last the Marquis of Normanby presented a petition from a respectable medical gentleman in Ireland, who said he had invented a medicine for the cure of diseases of the chest and stomach, and praying their Lordships would take measures for recommending it; probably he might wish the appointment of a committee of their Lordships to try it. (Laughter.)

Petitions have been presented to the House of Lords, from the governors of many of the metropolitan and provincial hospitals, praying to be exempted from the operation of the Charitable Trust Bill.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, May 7th:—Richard Sandford, the Isle, Salop; Edward Lowdell; George Johnstone Langsford, Gibraltar; John Rowe, Penzance; John Griffith Morris, Hereford; William Burns Beatson; Frederick Cleveland, Lowestoft.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, May 15th, 1846:—J. T. Reeve; T. J. Sturt; P. M. Duncan; F. B. Fulcher; J. Lafarelle; J. S. Fletcher; W. P. Clay; E. H. Mackler.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

VOLUME OF TRANSACTIONS.

Gentlemen who have papers intended for the fifteenth volume of the Transactions of the Association, are requested to forward them for the consideration of the Council, as it is purposed to issue the volume as soon after the Anniversary Meeting as circumstances will permit.

OBITUARY.

Died, lately, at Vienna, the Baron von Dürkheim, an eminent physician, and President of the Board of Health for the Austrian Empire.

May 5th, aged 30, Samuel Leigh, Esq., Surgeon, of Lileamere.

May 5th, E. H. Hodgson, Esq., Surgeon, Burton-upon-Trent.

May 11th, at Oxford, aged 59, Charles Wingfield, Esq., surgeon to the Oxford Infirmary, and a member of the Council of the Provincial Medical and Surgical Association.

BOOKS RECEIVED.

Elements of the Theory and Practice of Medicine. By George Gregory, M.D., Fellow of the Royal College of Physicians, Physician to the Small-Pox and Vaccination Hospital, and one of the Lecturers on the Principles and Practice of Medicine, at St. Thomas's Hospital. Sixth Edition. London: Renshaw. 1846. 8vo. pp. 799.

A System of Surgery, by J. M. Chelius, Doctor in Medicine and Surgery, &c. &c. Translated from the German and accompanied with Additional Notes and Observations. By John F. South, Professor of Surgery to the Royal College of Surgeons of England, and Surgeon to St. Thomas's Hospital. Part XI. London: Renshaw. 1846. 8vo.

The Structure and Functions of the Female Breast, as they relate to its Health, Derangement, and Diseases. By E. W. Tuson, F.R.S., F.L.S., Surgeon to the Middlesex Hospital. London: Churchill. 1846. 8vo. pp. 485.

The Mineral Waters of Kreuznach. By J. E. P. Prieger, M.D., Principal Physician of the Royal Hospital at Kreuznach, &c., &c. Translated by Oscar Prieger, M.D., &c. London: Churchill. 1846. 8vo. pp. 92.

Remarks upon Medical Organization and Reform, (Foreign and English.) By Edwin Lee, &c., &c. London: Churchill. 1846. 8vo. pp. 121.

TO CORRESPONDENTS.

Communications have been received from Dr. Oke; Dr. Favell.

JUST PUBLISHED, VOL. II., NEW SERIES.

THE TRANSACTIONS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

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AND DEIGHTON, WORCESTER.

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- II.—Retrospect of Anatomy and Physiology, for the year 1843-4; delivered at the Twelfth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Northampton, on Wednesday and Thursday, August 7th and 8th, 1844. By WILLIAM BUDD, M.D., Edin., Physician to St. Peter's Hospital, Bristol.
- III.—The Varieties, Causes, Pathology, and Treatment, of the Inflammatory Affections of the Retina. By EDWARD OCTAVIUS HOCKEN, M.D., Physician to the Blenheim Street Infirmary and Free Dispensary, &c.
- IV.—An Essay, Literary and Practical, on Inversio Uteri. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c. (*With Plates and Wood-Cuts.*)
- V.—Case of Congenital Malformation of the Urinary Organs; read at the Anniversary Meeting of the "Provincial Medical and Surgical Association," at Northampton, Thursday, August 8th, 1844. By HENRY GILES, Esq. (*With a Plate*)

VOL. II.

- I.—The Retrospective Address, delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

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WEDNESDAY, MAY 20, 1846.

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ADVERTISEMENTS.

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* See London Medical Gazette, of September 26,
1845, p. 962.

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* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Woodcuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES.

By CHARLES F. FAYELL, M.D., Physician to the
Sheffield General Infirmary, &c.

LECTURE V.

DISEASE OF THE HEART AND LUNGS.

The protracted illness from which I have lately suffered has necessarily occasioned a serious interruption to the course of our clinical observations. I now resume my duties with renewed health, and in doing so must direct your attention to two cases which have recently terminated in death.

The first case which I shall mention has already been twice under our review. You will, doubtless, anticipate that I allude to Hannah Flinn. On visiting this poor woman one morning shortly after the last lecture, we found her comatose; she was, however, easily roused, and then correctly answered the questions which were asked. She said that she was unable to keep awake, had no pain, and no complaint to make. The pupils were natural, and readily contracted under the influence of light; the pulse was very feeble; the face pale; the respiration rather louder than natural; sensation unimpaired. She stated that the drowsiness had come on the day before. The bowels had been freely moved, with consciousness, but she had passed no urine during the last forty-eight hours. On examining the hypogastric region there was no fulness, and firm pressure was borne without the slightest inconvenience. A blister was ordered to be applied to the nape of the neck, and sinapisms to the calves of the legs; she was also ordered to take a dose of a stimulating diuretic mixture every two hours. On the following day she was better; there was much less drowsiness, the pulse was improved, the countenance more natural, and she had passed a considerable quantity of urine. There was no return of the stupor, but the breathing became more oppressed; she was unable to lie down, the action of the heart was more laboured, and she gradually sank, five days after the attack of coma. We had an opportunity of examining the body after death, but before detailing the morbid appearances which were observed, it will be proper to make one or two remarks respecting the cause of the symptoms already noticed.

There need be but little hesitation in asserting that the extreme drowsiness with which our patient was affected for two days was caused by the abnormal state of the cerebral circulation—most probably by venous congestion. But then it is important to ask, what occasioned the congestion? Now, on this point, we must necessarily be, to some extent, in the region of

conjecture; but yet, I think we may confidently attribute it to the suppression of urine which existed for a period of forty-eight hours. We are the more confirmed in this belief from the disappearance of the comatose symptoms being coincident with the return of this most important secretion. But why, it may be asked, should suppression of urine give rise to cerebral congestion? If you consult medical writers on this subject, you will find that the disturbed state of the brain, in cases of suppression of urine, is generally attributed to the retention of urea.

Urea, you are aware, is essentially an excrementitious matter: rather more than half an ounce of it is excreted by a healthy man every twenty-four hours, under ordinary circumstances; it is separated from the blood as soon as it is generated, and when it is retained it is supposed to operate as a poison, and to induce coma and death.

Now, that death begins at the brain, or in other words, that the fatal issue of the disease is generally preceded by coma where suppression of urine exists, there can be no doubt; but whether the cerebral symptoms, in such cases, are altogether attributable to the presence of urea in the blood, may perhaps admit of question. Into the full discussion of this topic, however, it is not my intention to enter at present. I would only remark, that the fact of urea being absent from the urine in several diseases which are not of rare occurrence, without coma being present, naturally leads us to enquire whether there may not be some other agency which is capable of producing the effect at present under consideration. We must bear in mind that the urine is not only the medium by which the more highly nitrogenised particles of effete matter are carried away, but also that by this secretion the system is relieved from a large quantity of fluid. It is evident, therefore, that a state of hyperæmia must necessarily result from a suppression of the secretion of urine.

Now, a hyperæmic condition of the blood-vessels of the brain would be sufficient to produce symptoms of coma; or the state of general hyperæmia might so disturb the balance of the cerebral circulation as to induce venous congestion, which would also be accompanied by coma.

In the case immediately under consideration, my opinion is that the latter was the cause of the extreme drowsiness under which our patient suffered for two entire days. We have already seen, that as soon as the urinary secretion was restored by the use of stimulating diuretics, all the comatose symptoms at once disappeared.

I must not omit to remark that the symptoms of cerebral disturbance we have been considering might have arisen altogether independent of the suppression of urine, or even whilst the secretion was perfectly normal, both in quantity and quality. A very brief consideration will be sufficient to convince you of this. The free regurgitation which manifestly existed on the right side of the heart would necessarily occasion an obstruction to the return of blood from the jugular veins, and therefore from the vessels of the brain. A predisposition at least to cerebral disturbance would be thus occasioned, and congestion or rupture might easily result from a comparatively slight irregularity in the general circulation. It will be well to bear in mind, however, that in cases where considerable disturbance in the cerebral circulation depends immediately upon organic disease of the heart, such disturbance is generally permanent, and results in apoplexy or paralysis. Now this was not the case in the present instance, and as we have already noticed a cause amply sufficient to account for the effect we have been considering, I shall pass on to notice the appearances which were observed on examining the body after death.

I must remind you, however, of the diagnosis which was given several weeks ago, when she was first admitted into the hospital, in order that you may perceive how exactly the morbid appearances corresponded with the symptoms.

When I first directed your attention to the case of Hannah Flinn, I stated that there was some amount of condensation at the summit of the right lung, and that I did not regard it as tubercular in its nature, but rather as the consequence of the effusion of some of the natural constituents of the blood into the pulmonary tissue. In the second lecture which I gave you on this interesting case, I pointed out to you the indications which it afforded of disease of the heart, and I drew the following inferences respecting the nature and situation of the morbid changes which were supposed to have taken place. I quote the words which were then used—"I infer, in the first place, that the heart is enlarged, and occupies a greater space in the chest than it ought to do.

"Secondly, I infer that although the heart is larger than natural, this enlargement is not excessive; in other words it is moderate.

"Thirdly, I infer that the walls of the heart are not abnormally thick; and fourthly, that there is double regurgitation—regurgitation through both the mitral and tricuspid openings, whilst there is no disease of the semilunar valves."

I now proceed to show you how exactly this diagnosis was verified by an examination of the body after death.

Post-mortem examination. On opening the chest there was a considerable quantity of clear transparent fluid in each cavity; there were slight adhesions between the pleuræ, chiefly posteriorly, and evidently of long standing. The left lung was free from disease. At the summit of the right lung the pulmonary tissue was very much condensed; it resembled the masses we frequently meet with in the lungs of grinders, but was not quite so dark coloured; this portion of the lung was altogether impervious to air and was about the size of a hen's egg. The rest of the lung was free from disease,

and not a trace of tubercular deposit could be detected. The pericardium was healthy and contained about the normal quantity of fluid. The heart was larger than natural, and weighed rather more than eleven ounces; the parietes of the ventricles were not thickened; the auricles were considerably dilated. The right auriculo-ventricular opening was large enough to admit three fingers with ease, whilst the posterior portion of the tricuspid valve was more closely tied down than usual by the shortness of the cordæ tendinæ; the valve itself was healthy. On the left side the auriculo-ventricular opening was partially surrounded by large vegetations; the mitral valve was extensively diseased, it was greatly indurated, and loaded with vegetations. The semi-lunar valves of the aorta and pulmonary artery were in every respect natural. There was slight effusion into the cavity of the abdomen; the abdominal viscera were healthy. The brain was not examined.

It is scarcely necessary for me to offer any observations on these morbid appearances, but yet there are one or two brief remarks I will venture to make.

In the first place you notice in this case regurgitation on both sides of the heart depending on different causes, being on one side connected with extensive valvular disease, and on the other with simple enlargement of the auriculo-ventricular opening. This is by no means uncommon.

Secondly, it is probable that the disease existing in the auriculo-ventricular opening on the left side, would afford some degree of obstruction to the entrance of the blood into the ventricle as well as permit free regurgitation into the auricle, and yet there was no murmur heard with the second sound of the heart. From this and a number of other cases, I am quite satisfied that considerable contraction of the mitral orifice may exist without giving rise to any abnormal sound. This is doubtless owing to the very gentle manner in which the blood usually passes from the auricle into the ventricle. In these cases it often happens, that if anything occurs to quicken the circulation, the abnormal sound, which was before inaudible, becomes distinctly heard.

Thirdly, there was a considerable quantity of fluid in the chest, and yet no allusion was made to it in the diagnosis to which I have before adverted. Was this effusion then overlooked? By no means; for at the time when that diagnosis was given there was no fluid in the chest. I believe the effusion took place only a few days before death, and subsequent to the state of coma, to which we have already alluded. It is by no means improbable that this was one of the methods which nature took to relieve the state of hyperæmia, which I suppose to have occasioned the coma.

Having now sufficiently noticed the particulars of the case of Hannah Flinn, I will proceed to direct your attention to another of the fatal cases which we have recently had.

DISEASE OF THE BRAIN.

Thomas Innis, aged 32, a stout muscular man, was admitted into the house, February 12th, complaining of headache, which he said had troubled him for about eight weeks. The pain was referred to the occipital region, and was occasionally accompanied by vertigo. The countenance was anxious and the man looked ill.

There was no sickness, no affection of the senses, no convulsive movement, and no impairment of intellect. His appetite was tolerable and bowels regular. The pain in the head was constant and sometimes very severe, and the pulse was quick and feeble. A careful consideration of the case led me to infer that the symptoms depended on the existence of some organic disease of the brain—most likely of the cerebellum. He was ordered to be cupped, to have the head shaved, the cold douche was to be used every four hours, and he was to take some aperient mixture. At the next visit he stated that the cupping had afforded him some slight relief, but of very limited duration; the pain and uneasiness very soon returned. He was ordered to be cupped again, to continue the cold douche, (which he said was very grateful to him,) and to take two grains of calomel every four hours. A blister was applied to the nape of the neck two days after the second cupping, and he continued to take the mercury till it affected his mouth. He was on the whole decidedly better, and the pain in the head was so much improved that I abandoned the intention I had previously had of requesting my surgical colleague to make an extensive incision of the scalp over the seat of pain. I was then unable to get down to the Infirmary for more than a week, and on visiting our patient again, I was informed by the House Surgeon, that a day or two after the last visit the pain again became more severe, but had assumed an intermittent character, the periods of its return were not regular but the intervals were complete. Under these circumstances he had prescribed the sulphate of quinine in doses of two grains three or four times a day. At the period of my visit he was suffering from an attack of diphtheritic inflammation; the mouth and fauces were covered with albuminous deposit, the skin was hot, the pulse very frequent, and he still complained of considerable pain in the head, which, however, he said, had changed its seat—it had left the occipital region and had become fixed at the top of the head. The quinine was immediately discontinued, and he was ordered to take a mixture with mucilage and the carbonate of soda. The febrile symptoms speedily left him, but he remained extremely feeble, lost his appetite, and continued to complain of his head. About this time he first complained of vertigo, from which he continued to suffer occasionally. On the 12th of March he was again ordered to take the sulphate of quinine in consequence of the symptoms of cerebral disturbance having once more assumed an intermitting character; during the early part of the day he was free from pain, but it returned about noon and continued till bed-time. On the 13th he had no pain till evening, and then it continued only for a short period, and was much diminished in severity. On the 14th the pain was more severe, and the dose of quinine was increased. Early in the morning of the following day he was seized with convulsions, and died in less than an hour afterwards.

Post-mortem examination. There was nothing remarkable in the appearance of the membranes. The arachnoid was moderately milky; the veins on the surface of the brain were congested, but not more so on one side than the other. There were not more bloody points than natural on incising the brain. The lateral ventricles were completely distended with clear transparent fluid. The central parts of the

brain were softer than natural, but the substance of the hemispheres was firm. In the left lobe of the cerebellum there was a circumscribed portion, rather larger than a shilling, which had a ragged appearance and was soft and pulpy to the touch; a small clot of coagulated blood was found in this situation. The rest of the cerebellum was healthy.

This case is neither devoid of interest nor instruction, but at present I have not time to enlarge upon it. The following particulars which it illustrates, demand your attentive consideration.

1st. Formidable disease of the brain may give rise to no urgent symptom but severe pain.

2ndly. The pain occasioned by organic disease, at first constant, may assume an intermittent character during its progress.

3rdly. The mode in which chronic diseases of the brain often terminate.

Several other points of interesting enquiry will also doubtless suggest themselves, especially whether the softened state of the circumscribed portion of the cerebellum was the cause or the consequence of the extravasated blood which existed in the midst of it, and what occasioned the large effusion of serum into the ventricles.

With respect to the treatment, you will remark that although he was to some extent benefitted by the cuppings, blisterings, cold, and calomel, yet the relief was neither perfect nor permanent; it was, in fact, of very short duration. A more active mode of treatment was obviously altogether inadmissible in a person whose constitution was so greatly shattered, and in whom the symptoms had existed for so long a period. Whether he would have derived any benefit from the long incision over the seat of pain is very doubtful, but I confess I have some feeling of regret that I was induced to abandon the employment of this remedy.

REMARKS ON AN EASY METHOD OF STOPPING PROFUSE HÆMORRHAGE FROM THE NOSE, ESPECIALLY IN ADVANCED AGE.

By W. S. OKE, M.D., Southampton, and of the Royal South Hants Infirmary.

Before entering upon the immediate subject of this paper, I deem it right to say a very few words on the principal causes of cerebral congestion, and on the remedial character of nasal hæmorrhage in such cases.

A congested state of the blood-vessels of the brain would undoubtedly be an every day occurrence from the mere excitement of the human mind, but for a beautifully contrived physical arrangement of the chief cerebral arteries—the internal carotids and vertebrals—just before they enter the cranium. At this point they make several coils or turns, evidently for the purpose of moderating the force of the arterial jet upon the brain; the main causes of cerebral congestion are, therefore, rather to be sought for in obstructions to the venous current, on the right side of the heart, or to its passage through the lungs, than in an excited action of the cerebral arteries. Accordingly in morbid obstructions in the cavities on the right side of the heart, we shall frequently perceive a fulness of the face, and a dark hue of the lips; and during a paroxysm of vehement coughing, the head and neck will be turgid and

livid, evidently showing in both instances a congested condition of the venous system in those parts.

It may be observed here that coughing and vomiting have very different effects upon the vessels of the brain; the latter empties them by lessening the force and frequency of the arterial action, and by contracting the dimensions of the stomach; the former distends them by obstructing the pulmonary circulation.

In cases of cerebral congestion from the above causes, or indeed from whatever cause, it is obvious that nasal hæmorrhage is an outlet of the greatest possible benefit—in short, a safety valve to preserve the brain from impending apoplexy, either by serous infiltration from the arterial capillaries, or by the extravasation of blood from a disruption of the veins. The reason of the Schneiderian membrane being, as it were, selected as an outlet to a congested brain, is probably from its proximity, its vascularity, and from its vessels being in communication with the meningeal vessels passing through the foramina cribrosa, spinosa, ovalia, and foramina lacera orbitalia superiora; and I believe that in almost every instance of nasal hæmorrhage, the blood will be found to issue from the floor or sides of the nostril. For the above reason, hæmorrhage from the nose ought not to be inconsiderately stopped, although it may be very profuse, and for a time lower the powers of the constitution. But notwithstanding what has been said, there is a limit to the hæmorrhage beyond which, instead of preserving the life of the patient, it may destroy it; and when it goes on to such an extent, it becomes our duty at once to arrest it. To furnish a ready method for doing so, is the more immediate object of this paper.

A novel and ingenious remedy for restraining nasal hæmorrhage has been lately recommended, viz., to hold up the arm on (I believe,) the side of the bleeding nostril perpendicularly above the head. This is done, I presume, for the purpose of emptying the brachial veins, in order to give a freer current to the axillary artery, and to divert it in an equal degree from the corresponding carotid and vertebral arteries.

In simple cerebral congestion, where there is no impediment to the circulation on the right side of the heart, this method may succeed; but when such an impediment does exist, no benefit can accrue from it.

The long-established method of plugging the bleeding nostril before and behind, must of course succeed when it is carefully done; but as we might not always be prepared to effect it at once, and moreover, as it is not the most agreeable operation to the patient, I have another means to propose, remarkably simple, and one which, I trust, will in most cases be equally effectual—at any rate it was so in the two cases about to be adduced.

When then, the hæmorrhage continues to be so profuse as to peril the life of the patient, let the lesser finger be introduced up the nostril and pressed upon its base and sides till the bleeding is stopped. Having kept up the pressure for a few minutes, a small compact dossil of lint, made wet with cold water and rolled upon powdered alum, (if at hand,) is to be carried up to the point which had been compressed with the finger, and held there by the same pressure; after this, other little compresses of the same kind are to be successively laid on by the handle of a teaspoon,

or some such means, till the roof of the nostril supplies the pressure of the finger.

CASE I.—I was called in the night to a lady of advanced age and slight form, on account of a profuse bleeding from the left nostril. When I arrived I was astonished at the quantity of blood she had lost, which was not less than two quarts and of a venous colour. As the blood was still flowing profusely, I immediately introduce my little finger into the left nostril, and making pressure upon its base, stopped the blood *instantly*. The bleeding point was compressed in the manner above described, and the hæmorrhage never returned.

CASE II.—A gentleman of agricultural pursuits, about 60 years of age, had from time to time consulted me for symptoms of angina pectoris. He could not walk any distance without being arrested by distressing pain across the chest and down the arms; and as it was quite clear that the symptoms were caused by an organic lesion of the heart, I was persuaded that his life would terminate suddenly in some future paroxysm. After these symptoms had continued for some years, I was hastily summoned to visit him by his medical attendant, on account of a nasal hæmorrhage which had recurred at intervals to an alarming degree. Upon my arrival the right nostril was bleeding a stream, but as his countenance was not blanched, as his pulse was full and strong, and as I was aware that he had long been affected with disease of the heart, I recommended that the bleeding, which was of a venous character, should be allowed to continue for a time, as otherwise it would probably be necessary to take blood from the arm. However, thinking it right before I left him to try if the hæmorrhage could be controlled by the above simple method, I introduced my finger into the nostril, and by pressing upon its inferior surface, stopped the bleeding *at once*; and had it been deemed necessary to prevent the return of the hæmorrhage, it could have been effectually done as in the first case.

The following day he died suddenly from another attack of angina.

NEWCASTLE-ON-TYNE INFIRMARY.

Practice of Sir JOHN FIFE.

CONTRACTED CICATRIX: AUTOPLASTIC OPERATION.

An operation for contracted cicatrix, on the plan proposed by Professor Mütter, of the United States, has been recently performed in the Newcastle-on-Tyne Infirmary. The patient was a young girl, Eliza Goodchild, seven years of age. The contractions followed a burn of the throat, and prevented the head being raised, and the under lip being closed.

Sir John Fife had operated on the case once before, by simply dividing the adhesions, and fixing back the head; but after cicatrization the integuments again became contracted, though not, as before, binding the chin down to the breast.

The operation was performed on the morning of the 7th of April. Sir John Fife commenced by making an incision entirely across the throat, followed by a perpendicular incision at each end of it; he then dissected between the integuments and the cartilages of the larynx, so as to admit of an extensive separation of

the contracted integuments. A considerable portion of integument was now dissected from above the right clavicle, turned at the right perpendicular incision, and fixed across the throat by seven or eight stitches. The right external jugular vein was exposed, but not wounded; a branch from the right superior thyroid artery bled freely. Some lint was placed round the neck, covered with simple ointment. Four hours after the operation there was some secondary hæmorrhage; the dressings were removed, and another arterial branch near the former was tied. The integument placed across the throat looked slightly livid, but evidently retained its vitality.

During the subsequent progress of the case, one half of the transplanted portion of integument lost its vitality, but the condition of the patient was nevertheless greatly improved.

The result of the foregoing operation appears to confirm the propriety of a suggestion made by Professor Mütter, that when the contraction is extensive a portion of the skin intended to supply the vacancy should be taken from either side, thus forming a double flap to meet in the centre. This method was actually adopted by Mr. Carden, of Worcester, in a case published in the twelfth volume of "The Transactions of the Provincial Medical and Surgical Association," the operation having been performed before Professor Mütter's paper was published, and indeed before that able surgeon had himself employed the autoplasmic operation in these cases. As the volume of the "Transactions" containing the report of Mr. Carden's case is not in the possession of those of our readers who have joined the Association since its publication, and the case is itself of great interest in its bearings on the subject, the following abstract of it may probably be acceptable.

Mary Ann Barnett, aged 14, was admitted into the Worcester Infirmary, September 9th, 1839, with contracted cicatrix after a burn, which had occurred seven years previously. The movements of the head were greatly restricted; the mouth remained permanently open, the tongue protruded, the lower incisors projected horizontally, and there was constant salivation. On attempting to raise the head, the eyelids were drawn considerably downwards. The patient, as well as her friends, being anxious to have something done for her relief, a consultation was held upon the case, and with the consent of his colleagues at the Infirmary, Mr. Carden performed the following operation:—

The patient being placed on a well-cushioned table, with her head and shoulders somewhat elevated, the operation was commenced by carefully gathering up the cicatrix from below the left ear to the top of the sternum, between the fingers and the thumb of the left hand, which allowed of the whole of that side to be transfixed and divided at a stroke; the same was repeated on the right side, and a short cut over the top of the sternum connected the two incisions. In this manner the whole transverse extent of the cicatrix was rapidly divided, the wound terminating in sound skin on each side. The chin was then drawn upwards by an assistant, and every tense band of cicatrix successively divided by repeated strokes of the scalpel, until the head was released into nearly its natural

position. By this mode of dissection, although nothing had been removed, the hiatus produced was very great, and extended from the chin and edge of the lower jaw to below the upper border of the sternum, exposing the greater part of both sterno-mastoid muscles, and external jugular and thyroid veins, the latter being particularly large and prominent. The quantity of blood lost was very trifling, scarcely requiring the torsion forceps. As soon as all bleeding had ceased, Mr. Carden proceeded to select a portion of sound skin on each side, about three inches long and two and a half wide; these were raised and detached, except at their junction with the outer edges of the wound, and brought together across the centre of the neck, and there united by hare-lip needles. The side wounds left by the flaps were then brought together, and the exposed parts covered with lint. The flaps were carefully supported by adhesive plaster, leaving apertures for the points of the needles, and the whole of the wound and surrounding integuments were well supported by long plasters and bandages.

The operation, which was severe and necessarily protracted, was borne with great fortitude, and without fainting. The needles were withdrawn two days after the operation; the dressings were not removed until the sixth day, when the flaps were found to have retained their position; but the upper border of each, being composed of old cicatrix, had perished, diminishing the breadth of each to less than two inches. The complete healing of the wound occupied nearly twelve months, during which time various contrivances were had recourse to for keeping the head in the erect position; but the bodily and mental suffering was so great, each time the wound was dressed, from these repeated stretchings, that they were altogether discontinued.

She was made out-patient in May, 1840, and in November following presented the following appearances:—Wound healed; position and movements of the head greatly improved; can close the mouth, retain the saliva, and articulate distinctly; teeth regaining their natural position. A narrow cord has sprung up between the flaps, which threatens to draw down the centre of the lower lip, and also to prevent the further expansion of the flaps, which has hitherto been steadily going on and forming the most satisfactory feature of the case.

This band was divided by a curved bistoury, and pressure and further extension enjoined; but from that time she avoided attendance at the hospital, and neglected all directions. No more was seen of her until October 23rd, 1843. She had then become stout in person; the teeth were quite upright; the flaps measured three inches on the right side, and two inches and three quarters on the left, from above downwards; but there was an increased contraction in the central cord. This she consented to have divided and separated from the flaps, which would then, it was thought, be permanently united, and her appearance considerably improved.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, MAY 27, 1846.

"It is strange that, in the middle of the nineteenth century, when chemical science has made such brilliant discoveries, and furnished us with efficient remedies, there should still remain an impression on the minds of many well-educated persons, and even on a great portion of the faculty, that consumption is incurable."

"Is real organic consumption of the lungs curable? I answer, fearlessly, that it is, except in the last stage; for, if we suppose the disease divided into three stages, two out of the three are as easily cured as any other complaint. To be more explicit—I mean to assert, that even after ulceration has destroyed a considerable portion of the lungs, they may be healed and radically cured, so that the patient may live free from the disease to a good old age. This is not theory, but the sober and deliberate conclusion of long experience, ardently devoted to a consideration of this destructive malady, and a minute investigation of all its symptoms and morbid characters, backed up by a successful treatment of the most critical cases, on the principles shortly to be mentioned."

The communication from which the foregoing comforting assurance is extracted, is published in the form of a letter, duly authenticated, with name, designation, (an M.D., be it observed,) and place of abode; and truly medical journalists ought to take shame to themselves, that the philanthropic writer should have been driven to make use of (what of course he could not willingly have chosen,) the very inconvenient channel of an ordinary newspaper. In the nineteenth century, and in this enlightened country—an age and a place both so favourable for the uncontrolled enjoyment of that exquisite privilege, "the pleasure of being cheated," it is strange that medical journalists are so exclusive, medical practitioners so incredulous and so prejudiced, that the one will not listen, the other will give no currency, to the statements of one so skilled in the management of the patient, if not of the disease. Hence, alone, of course it must be that a newspaper is chosen as the medium of communication; that its Editor is honoured with the superscription of the letter.

Let it not be supposed, however, that any mystery is made respecting the treatment to be pursued. No, it is candidly announced, that "the means to effect the desirable results above enumerated, are not those which are generally pursued." It is by INHALATION that "a very great majority of patients may be cured;" and then we are instructed in the true import of this magic process, the mode of applying it, its effects, and the ratio medendi.

"By Inhalation or Inhaling is not meant the fumigation of a room, as is sometimes erroneously imagined, but the drawing in of medicinal vapours to the lungs

themselves, by means of a glass apparatus invented for that purpose. The process is at once soothing, pleasant, and efficacious, and differs altogether from any plan which requires the slightest operation. Remedies thus administered escape the change that would otherwise be produced upon them, by being taken into the stomach, which causes them to undergo the various processes of digestion, absorption, &c., and thus lose their active property before reaching the seat of disease; but by being inhaled at once into the lungs, they come unchanged into immediate contact with the organs affected, precisely in the same manner as the common air of the atmosphere is received into the lungs, without undergoing any previous alteration. This mode of proceeding is the only one that is consistent with reason, and in harmony with the principles we adopt in other cases; for if any external part of the body has received an injury, or become ulcerated, we apply an ointment, lotion, or other substance, to the immediate seat of the malady, and thus speedily effect its cure. Now, *that* which the ointment effects for any outward part, Inhaling performs for the lungs. The system of Inhalation, therefore, involves no theory difficult to be understood; it is merely plain, common sense, divested of all mystery and uncertainty; for when the case of any patient is curable at all, it must surely be by those means which gain a direct access to the very parts which require the remedy."

Then, again, the efficiency of the practice is thus vouched for—

"By the certain and powerful action of medicines introduced into the lungs by Inhaling, we find that ulcers, which are broken out into a state of abscess, can be completely healed; and that tubercles, which are only in their incipient stage, can be removed by absorption, without the usual softening down into ulceration at all."

Moreover, the practice is not new, only "the medicines formerly used were not adapted to the end required; its efficacy now entirely consists, (as was observed at the outset,) in the employment of remedies, which modern chemistry has discovered, and which were totally unknown forty or fifty years ago." Some eleven authorities are also referred to in its favour, among which, by the way, we observe the names of two or three really eminent individuals most unceremoniously thrust into very questionable company, and then the writer modestly makes up the dozen by the addition of his own mite of experience.

"Perhaps I may be allowed to add my own feeble testimony, that few cases have come under my care which I have not found the Inhaling process fully equal to subdue; and reports daily received from patients who are now under my treatment, both here and at a distance, render my conviction firm, that this method is destined to accomplish such favourable results, as no other plans would warrant us to expect."

Now, the motive which professedly influences Dr. — in addressing the editor of a newspaper on this subject is—we have it on his own authority—that he considers it his duty "to diffuse a knowledge

of this system more generally among society;" and accordingly he selects, not the local organ of his own immediate neighbourhood, a large manufacturing town in one of the midland counties, there, of course, his reputation is too well-known to make such a proceeding necessary; nor a metropolitan journal in which the subject might be overlooked; but he makes choice of a Devonshire paper, possibly considering that as Torquay, Sidmouth, and other localities on the southern coast are the resort of the consumptive, it is due to the resident physicians to instruct them in this valuable practice, and to their patients, to apprise them that the genuine cure for their complaints is to be obtained at the hands of a physician, whose locale is conveniently situated in the very centre of England, and to whom they may readily pay a visit in their summer transit to Cheltenham, Leamington, or Malvern.

We shall only remark on this precious production, that a *bona fide* system of registration by which the qualified members of the profession may be readily ascertained, is a great desideratum, and that some means of inflicting summary punishment on the unqualified, and of keeping up fitting discipline among the qualified, should be devised and acted upon, with the two-fold view of protecting the public from imposture, and upholding the respectability of the medical profession.

Medical Notes on China. By JOHN WILSON, M.D., F.R.S., F.L.S., Inspector of Naval Hospitals and Fleets. London. 8vo. pp. 267.

(Second notice.)

The season in which Dr. Wilson commenced his service in China, 1842-1843, appears to have been one of severe epidemic visitation. The usual endemics of the country, at least of those parts which were the chief seats of the operation of the troops, seem to have been much aggravated both in severity and extent of prevalence, and not only were the cases of fever, flux, and ulcer, more prevalent and severe than they proved to be in the subsequent year 1844, but the treatment also, of whatever character, seems to have had little effect in arresting the progress of disease or modifying its characters.

In the season of 1843 the ratio dying of those employed in the naval force was $4\frac{1}{2}$ per cent., and that of the invalided about $7\frac{1}{2}$ per cent., at the same time the proportion of the sick amounted occasionally to twenty per cent., and of the number received into hospital, 33.3 per cent. died. In the season of 1844, the ratio of mortality in the Chinese squadron was, as nearly as possible, one per cent. of the employed, the proportion dying in the harbour at Hong Kong, where the ship was then stationed, being rather lower than at other stations of the command. The proportion invalided during

the same period was nearly two per cent., while that of the sick varied from four to eight per cent. of the employed, and of the patients sent to the hospital thirteen per cent. died. The loss then sustained by the naval force during the season of 1844, was about one fourth of that suffered in 1843. Dr. Wilson had not the means of ascertaining how far the mortality of the land force in 1844, differed from that of the navy, but had reason to believe that it was much less, probably by nearly one half, than that of the preceding season.

To what is this difference to be attributed? Dr. Wilson makes the following observations on the subject:—"The forms as well as the sources of disease have been the same this year [1844] as last, namely, periodic fever and flux; ulcer has been so rare as scarcely to deserve being included. The fever was generally remittent at the onset, assuming the intermittent type in its progress, being followed by, or alternating with it. The fluxes as formerly, varied much in character and intensity, seldom answering to the definition of either dysentery or diarrhoea. In a great majority of instances, they succeeded attacks of fever, very frequently were reciprocal with, and appeared to be vicarious of, them. Now, also, as in preceding years, when either form of disease had much persistence, there was great reduction of strength, excessive liability to relapse after partial and even apparently complete cure, tendency to general dropsy, structural lesion of the intestines, and death.

"The difference in the sanatory results of these years, therefore, did not arise from difference in the nature of disease, it being the same, not only substantially, but in its tendencies and pervading characteristics. The comparative immunity of 1844 depended on the cause of the same endemic being relatively in little force, not much accumulated, or in a not advanced state of maturation: hence its effects were proportionately slight, unfrequent, and tractable.

"On such difference as this is raised many a lofty, but indifferently founded pretension to improved methods of treating disease; and the vaunted superiority has its origin less, it is believed, in want of candour than inattention to, and consequent ignorance of, the dissimilar force with which the same disease acts at different times. A practitioner arriving here in the summer of 1844, would find a much larger proportion of the sick under his care recover than did the practitioner of 1843; he would, probably, with a laudable desire to accomplish more than the men earlier in the field had done, modify the means of treatment used by them, or apply something different; and to this modification or alteration of means, not to the comparatively slight morbid impression, he would be apt to ascribe his better fortune, counting it the effect of professional merit, not of changed circumstances. Having satisfied himself of this, he, and some others who are prone to believe much and to hope much, readily arrive at the conclusion that his predecessors were inefficient practitioners; that they did not understand, or did not properly perform, what was required of them by the obligations of their office; and that they are, therefore, chargeable with the heavy crime of having allowed men to die who might have been saved."

These observations will apply equally well to diseases and localities nearer home, and the flattering notions which we are accustomed to entertain that typhoid and scarlet fevers, influenza, and other epidemic visitations, to which our own country is exposed, are controlled in their course by our improved methods of treatment, when the change is perhaps rather to be attributed to the exhausted or modified force of the epidemic itself, in like manner have but slender foundations.

Many important particulars connected with the etiology of diseases may be derived from a consideration of the circumstances of localities which are exempt from certain forms of disease. The endemic diseases of Chusan and Hong-Kong, observes Dr. Wilson,—“periodic fever and flux, having the same origin, intimately allied in their nature, and blended in action, are almost the only destructive agents. They absorb, and occupy the place of, other morbid powers: their influence is such, it would seem, as not to tolerate the rival action, or even, to any extent, the inferior operation of the more ordinary causes of disease.”

The question of exclusion of, and antagonism to, certain morbid affections under the prevalence of malarious influences, are deserving of close investigation, and especially in relation to phthisis, and other pulmonary affections; it would, however, obviously lead us too far from our present object to enter upon it here. It is sufficient to remark that the contradictory evidence hitherto brought forward, calls for explanation and further researches; while, as bearing upon the subject, it is right to state that Dr. Wilson had occasion to see only one undoubted case of phthisis during his residence in China, and that, which occurred in an officer, who died at Suez, on his return to this country, “clearly originated in England.” Bronchitis, also, as an original disease, and apart from common catarrh, seems to be infrequent, although it occasionally occurs during the progress, and in fatal cases, towards the close of periodic fever and flux. “One thing is certain,” says Dr. Wilson, “namely, that idiopathic affections of the lungs are not common at Hong-Kong; and that tubercular phthisis, originating here, has hitherto been all but unknown, if ever witnessed, at least in the naval force.”

Rheumatism, also, is stated to be of rare occurrence on this station, and the phlegmasiæ “might almost be struck out of the nosological catalogue, without making an exception in favour of hepatitis, generally considered the peculiar and overwhelming morbid product of the East.” Intestinal worms are extremely prevalent, arising probably, as Dr. Wilson suggests, out of the enfeebled and unhealthy condition of the intestinal mucous membrane, and of the alimentary apparatus generally.

We are compelled to pass over many interesting particulars connected with the diseases of China, to

make room for the following singular instance of, apparently, spontaneous small-pox.

“A case of small-pox, received from the *Castor*, on the 13th ult., in the fifth day of its progress, deserves notice, having hitherto proved a solitary one, not only in that ship, but in the squadron; and, as far as can be ascertained, after diligent inquiry, in the colony or neighbourhood. It occurred in C. Marden, a private marine, aged 21 years, who had been vaccinated in infancy; at least, though he does not recollect, he has two distinct cicatrices on the part usually selected for the operation of the right arm. He left England in the same ship to which he belongs, eight months ago, and in which no disease of doubtful character, and at all resembling it, had appeared. Respecting its precise nature, there is no doubt; as the diagnostic symptoms of each stage of the affection were prominently exhibited, following each other in regular succession, and lasting the usual time. Its force was considerable, though not dangerous; and the pustules on the face were as closely packed as possible, short of confluence. The curious, perhaps important consideration, arising out of it, is its origin, amounting to this—was it special or common? And necessarily connected with it, the general inquiry, does variola vera ever arise, independently of personal infection; in other words, can it be developed in one person, without being derived directly, or indirectly, from another person who has, or who has had, it?”

This case subsequently gave rise to several others in the *Minden*, (the hospital ship,) or at least other cases showed themselves among the ships' company soon after the reception of Marden, the subject of it, from the *Castor*. No other case occurred on board the *Castor*, although Marden “lived and slept among his messmates, the nature of the disease being masked, and without distinctive symptoms, till his removal to the hospital ship on the fifth day.”

In closing this notice of Dr. Wilson's work, we cannot but observe that it contains much information of interest both as connected with the subject of our recently acquired Chinese possessions, and with the management of medical operations in the military and naval services. Some objection might be taken as to the form (that of a journal,) in which these notes appear; but though the work thus loses in systematic appearance, and becomes occasionally tedious from the frequent repetition of similar observations, there is yet a freshness in the remarks, and a general evidence of accuracy and truth in the impressions on the author's mind, which adds greatly to its value as a medical record.

POISONING BY STRYCHNIA.

The following case of poisoning by strychnia is reported by Dr. James Edwards, of Forfar, in the *Monthly Journal of Medical Science*:—

On the 7th of January, 1846, about two o'clock p.m., a message was brought to me from Haig's House, Glen of Ogle, Forfarshire, requesting me to go immediately to inspect the body of John Findlay,

gamekeeper there, who had been found dead in his bed, about ten o'clock, a.m. When I arrived, I was shown into the butler's pantry, in the north wing of the house, where there were two beds. After turning down a covering and three pair of blankets on the bed next the door, I saw the body of the deceased lying on its back, and stretched at its full extent; it was covered with a cotton shirt, below which there was one of flannel.

Autopsy.—I observed externally considerable discolouration about the neck, chest, and depending soft parts of the body; and also, several scrofulous scars and pits about the neck, sternum, and back. The eye-balls were somewhat prominent; the pupils were dilated; the mouth was firmly shut; the arms were lying over the chest, and the hands were firmly clenched. The whole body was in a state of rigidity; the lower extremities were particularly stiff, and the left foot was concave. There were no marks of external violence.

John Anderson, farm-servant at Ogle, gave me a half-ounce phial, without a cork, containing a small quantity of a white powder; the phial was labelled strychnine, and had the word "poison" marked under it. He also produced a teaspoon, with some white powder adhering to it, which he stated to me was lying at the bed-side of the deceased, on a table beside the phial; a little of the white powder was lying on the table, which I collected on a piece of paper. I found a cork below the table, tarnished with white, which fitted the phial. By analysing the contents of the phial, the white powder on the table, the tarnish on the cork, and the powder adhering to the teaspoon, I found them all to be strychnia.

On the 8th, twenty-eight hours after death, agreeable to appointment, in company with Alexander Smith, M.D., and William Hutchison, Esq., Procurator-fiscal of Forfarshire, I inspected the interior of the body. Evident signs of putrefaction were present, and partial relaxation of the joints had taken place. The brain, its membranes, the skull-cap, and integuments of the head, seemed to be healthy; but there was general turgescency of all the vessels. The right lung was full of incipient calcareous tubercles; it was partially consolidated in the inferior lobe, and adhered to the ribs throughout. The left lung was studded with a few tubercles, but was free from adhesions. Both lungs were congested with dark fluid blood. The heart was considerably dilated, but was not hypertrophied; the substance, valves, and vessels, were healthy; it contained a quantity of dark fluid blood. The stomach having been first secured with two ligatures, the one on the pyloric, the other on the cardiac opening, was removed from the body for further examination. The liver adhered strongly to the diaphragm, the adhesions being the consequence of inflammation, for which I attended him five years ago; the substance of the organ was healthy. The spleen was somewhat enlarged, and full of dark fluid blood. The large and small intestines were distended with flatus, but did not show any other appearance requiring notice. The kidneys and urinary organs were healthy. An emission of semen had taken place during the last moments of existence. The spinal marrow was not examined from want of time.

Analysis of stomach and its contents.—The stomach

and its contents were boiled for half an hour in common vinegar, and the decoction filtered, which was clear and transparent. On adding liquor ammoniac to a portion of this decoction, a fine white precipitate was thrown down, to which, when nitric acid was added, a pale red colour was produced, and on dilution with water, and the addition of the tincture of the sesquichloride of iron, a pale green colour was produced, which became more apparent on being allowed to stand for some time. A sample of strychnine from the shop, treated in the same manner, produced the same colours. The strychnine, however, found in the possession of the deceased, amounting to about half a drachm in a phial, on being treated in the same way, produced a much deeper red with nitric acid than either that produced from the stomach or the sample taken from my own laboratory, and on the addition of the tincture of iron, the colour was more of a pale yellow than a green. On adding the tincture of galls to another portion of the contents of the stomach, a white adhesive precipitate was produced. The strychnine found in the possession of the deceased did not dissolve in water, which I think proper to mention, as I consider that quality to be the best test of the lot, in so far as I treated hydrochlorate of morphia in a similar manner to both specimens of strychnine and that procured from the stomach, and it was impossible to tell from the colours which was the strychnine and which the morphia. The two samples of strychnine differed more between themselves in colour than the morphia and strychnine when subjected to the same re-agents.

From what has been stated, I have no hesitation in giving it as my opinion, that Findlay died from strychnia. He appears to have taken it wilfully, as it was intrusted to his care by his master, for the purpose of destroying vermin. The quantity swallowed cannot be exactly ascertained. The deceased was in his usual health at seven a.m., and was found dead at ten a.m. Judging from the report of his comrades, I believe about ten or twelve grains had been taken from the phial since it had last been seen by them.

The Editor of the *Medical Gazette* in commenting on the foregoing case, remarks, that "the red tint given by nitric acid is characteristic of brucia or morphia, and not of strychnia. Common strychnia always contains more or less brucia; hence the depth of colour given by nitric acid is subject to continual variation. The sesquichloride of iron gives a green colour, with *strychnic acid*, but not with pure strychnia; ammonia and tincture of galls precipitate the salts of, we believe, all the alkaloids. The great difference in the salts of strychnia and morphia exists in relation to the terchloride of gold. The gold is reduced and thrown down as a purple brown powder by the salt of morphia, but not by that of strychnia. Precipitated morphia is easily soluble in caustic potash; precipitated strychnia is not soluble in that alkali. So far as the chemical analysis extends, therefore, the powder might have been morphia, which gives a greenish colour with sesquichloride of iron, when the test is added in a little excess. The only evidence of the deceased having taken strychnia; is the statement in the latter part of the paper, that strychnia had been intrusted to the care of the deceased by his master for the purpose of destroying vermin.

GENERAL MEDICAL ANNUITY FUND.

Office, Newport Pagnell,
23rd May, 1846.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

As it is extremely difficult otherwise than through the medium of the press to meet the eye and reach the ear of the medical profession, pray permit me, through the pages of your Journal, to address myself to your readers on the subject of the General Medical Annuity Fund; and in doing so I wish to remind those many gentlemen who have promised to become subscribers, and have requested to be enrolled as members of the society, that our first year expires on the thirtieth day of next month, and that, consequently, any subscriptions received after that day will be entered in our books for the *second year*, and the subscriber will thus lose, for an *entire twelve months*, those advantages which he would otherwise possess. Many correspondents having enquired in what manner they can safely transmit their subscriptions, I beg to acquaint them that their guinea subscriptions can be safely remitted by a post-office order to that amount, while others, who wish to pay their five years' subscriptions in advance, or are desirous of making a donation towards the funds of the institution, can do so either by post-office orders, or by forwarding the amount by a cheque upon their banker, which, if drawn in favour of Mr. Daniell, and written across on the face "The Northamptonshire Union Bank," is sure to come safely to hand. Perhaps I may be allowed to urge upon those gentlemen who have already promised, or who intend to become members, the great importance of their making their remittances at any rate before the 30th of June, that day being the close of our current year, as the payment of their subscriptions cannot fail to have a beneficial influence upon the minds of the members generally of the Provincial Medical and Surgical Association at the forthcoming annual meeting, which will be held at Norwich. To that meeting the Directors look forward with some degree of natural anxiety, but it is hoped that our first annual report will present such facts as will not only justify, but foster and encourage such hopes and exertions as will lead to and secure the lasting existence of a society which has within its element the means of meeting the long acknowledged want of the medical profession.

On the very eve of the annual meeting it would be idle on my part to raise a discussion on the merits of this society; but there is one point which I am personally desirous of pressing upon each member, and that is, that on remitting his subscription he give his age, last birth-day; and this rule all may be assured did not spring from caprice, or mere curiosity, but to lay the foundation of some medical statistics which would supply a standard to test the future stability of the society, and must, doubtless, some day prove of signal advantage in the economy of the medical profession.

I feel that I ought to apologise for obtruding my views upon the attention of your readers, but I cast myself upon your indulgence, and beg to subscribe myself,

Sir,

Your most obedient servant,

JOSEPH STAINES, Secretary.

Selections, &c.

COMPARATIVE NUTRITIVE CAPABILITIES OF
DIFFERENT SUBSTANCES.

Different authors have attempted to frame a scale of nutritive equivalents. Boussingault founded one on the quantity of nitrogen contained in the different articles of diet. Liebig assumes, that although pulse, beans, peas, and all other vegetable substances used as food, contain a large quantity of nitrogen, yet they are of comparatively little value as articles of nourishment, because they contain in but very inconsiderable quantity the component parts of the bones, (phosphate of lime and magnesia;) they satisfy the appetite but give no strength.—*Phosphorus* is a necessary ingredient of the animal body, and must therefore be an element of animal nutrition. It is required as a constituent of the blood, the flesh, and the bones of man and animals, and is found in many organic substances.—*Sulphur* is required to explain the development of sulphuretted hydrogen, and hydrosulphuret of ammonia, inasmuch as it gives odour to various organic substances. The organism derives its sulphur from the animal substances used as nourishment. Flesh, eggs, and milk contain it; so also does vegetable fibrine, as corn; vegetable albumen, as almonds, nuts; cauliflowers, and turnips; vegetable caseine, as beans and peas, and it is particularly present in the Crucifera.—*Iron* is a constituent of most, if not all, organic tissues. Most articles of nourishment contain it. Veal contains less than beef, because calves generally, before their death, lose much blood. Iron is contained in the yolk of an egg, in milk, and in most esculent vegetables.—*Chlorine* is a constituent of the blood, of the gastric juice, and different excretions, the urine, saliva, tears, and *feces*, as it is constantly being consumed in the formation of the gastric juice, and the secretions; so is its reproduction more frequently necessary. It is introduced into the system in the form of chloride of sodium, or table-salt.—*Sodium* is a constituent of the blood of the animal tissues, and secretions, and is introduced into the system, more particularly in the form of the chloride. It is not a common constituent part of plants, unless when they grow near the sea, or other salt water. Most waters contain a small quantity.—*Calcium* enters into the composition of all animal tissues. Our organization derives it from the flesh, vegetables, and minerals which we consume, as well as from water.—*Magnesium* is found in small quantities in the blood, the teeth, the bones, the nervous substance, the thyroid gland, and other parts of the body. It is a constituent of vegetable and animal articles of diet.—Slight traces of *potassium* are found in the blood, solids, and animal secretions. It is a constituent of animal and vegetable articles of food, more especially the latter, and is found in grapes and potatoes.—*Constat's Jahresbericht*, in *Northern Journal of Medicine*.

SULPHATE OF QUININE IN ACUTE ARTICULAR
RHEUMATISM.

A young man, aged 25, was received into the wards of M. Fouquier, affected with acute articular rheumatism. The pains affected at the same time the knees, the wrists, the elbows, and the shoulders; the wrists were slightly swollen and reddened, and the pains were accompanied with considerable fever, (pulse. 100.)

The attack was marked at its commencement by rigors, which preceded the pains, but did not again recur; the fever continued without any sensible remission, and was accompanied by profuse sweating. The day of his entrance into the hospital, he was bled to about twenty-two ounces, and the bleeding was repeated the next day to about twenty-six ounces. The pulse was a little lower after this second bleeding, falling to 96, but the pains continued as before. In the evening one gramme (15½ grains,) of sulphate of quinine was given. The third day there was no change; the dose of sulphate of quinine was doubled. On the fourth day there was decided diminution in the pains, and the pulse was lowered to 76; the sulphate of quinine was given in the same dose as before. On the fifth day the pulse was 60; pains decreasing; two grammes and a half (above forty-five grains,) of sulphate of quinine were administered. On the sixth day the pains were felt only in the shoulder; the dose of quinine was diminished to one gramme. On the seventh day the pains had completely ceased. The sulphate of quinine was still continued in decreasing doses for three days; the last dose taken on the tenth day was between three and four grains.

M. Fouquier is of opinion that this method of employing the sulphate of quinine in large doses, ought always to be reserved for cases like the foregoing, where profuse sweatings exclude the diaphoretic treatment. He prefers it in the greater number of cases to repeated bleedings, which have the bad effect of weakening the patients, and of rendering them more susceptible in future to the impression of cold, and consequently to the return of the pains, but he thinks at the same time, that one or two bleedings employed before the administration of the sulphate of quinine, better insures the efficiency of the remedy.—*Gazette Médicale de Paris*.

FOREIGN BODY IN THE LARYNX.

M. Vogelvanger was called on the 29th February, 1840, to a little girl between five and six years of age, who was attacked with fits of intense suffocation. He was informed that the child, whilst playing near its mother, who was occupied in scraping some carrots, had seized a piece of this root, cut in the shape of a wedge, and nearly an inch and a half in length, and had put it in her mouth. It was supposed that whilst she thus held the piece in her mouth she was seized with gaping, and that at this moment the piece of carrot had slipped into the respiratory passages. A medical practitioner first consulted thought that the foreign body had entered the œsophagus, but emetics proved unsuccessful to disengage it, and water put in the mouth could be swallowed. It was concluded, therefore, that the piece of carrot had penetrated into the air passages, and as the symptoms of dyspnoea were urgent, M. Vogelvanger decided immediately to have recourse to tracheotomy. The crico-thyroid membrane, the cricoid cartilage, and two rings of the trachea, were divided, and then with a stilet carried upwards, he sought to discover the presence and the position of the foreign body, but without success. The respiration had, however, become more free since the trachea had been opened, and it was remarked, also, that it became suspended each time that the wound was closed. Reflecting on these two circumstances, the

surgeon drew the conclusion that the foreign body was in the larynx above the wound, and calling to mind the wedge-shaped form of the portion of carrot, he thought the difficulty in extracting it was attributable to the manner in which the fragment was situated in the larynx, its base being probably impacted in the cleft of this cavity, whilst its summit or thinnest edge turned downwards would be found free in the wide part of the larynx. Under this impression, having introduced a pair of dressing forceps as far as the foreign body, and placing the child's head back, he succeeded perfectly in pushing the piece of carrot with the forceps into the pharynx, from whence it passed into the œsophagus and was swallowed.—*Annales de la Société de Médecine d'Anvers: Gazette Médicale de Paris*.

CALCULI OF THE PROSTATE GLAND.

A discussion which occurred recently at the "Société de Chirurgie," on prostatic calculi, and which is reported in the *Gazette des Hôpitaux*, elicited the following remarks on the subject:—

M. Lenoir stated that a patient, fifty-five years of age, had been addressed to him by a provincial surgeon, under the impression that he was labouring under vesical calculus. On introducing the sound, he found an obstacle which gave a clear sound, and which he thought was a vesical calculus, but on examining digitally by the rectum, he failed to recognize its presence. On exercising pressure, however, on the prostate, he caused the escape of about fifteen small calculi. They were of a dark-yellow colour, and presented facet surfaces; burnt, they gave a decided animal odour. The patient, who, when he entered the hospital, had all the symptoms of serious vesical catarrh, left nearly well. A few months later, he was again sent to Paris, under the idea that he was labouring from vesical calculus, and a number of small stones were again emitted, by pressure of the prostate. Vesical catarrh was present, as on the first occasion. M. Lenoir thought that the calculi were formed in the ejaculatory ducts, and that it was because they occupied the orifice, that these produced, when touched with the sound, the sensation of a stone in the bladder.

M. Nelaton had met with a case at the Hotel Dieu, similar to the one of M. Lenoir. The friction of the sound over a hard substance in the region of the prostate had led him to recognize the presence of prostatic calculi. He managed to withdraw several by means of lithotritic instruments, and the patient left apparently cured. Two months afterwards he returned with the same symptoms, indicating prostatic calculi, and, in addition, with a vesical calculus. He was not able to lay hold of the latter, in order to crush it, and was obliged to perform the operation of lithotomy. On scratching the surface of the incised prostate with his nail, he managed to make several calculi fall, similar to those described by M. Lenoir. The patient was cured. M. Michon, M. Guersent, and M. Laugier, thought that prostatic calculi were not rare; M. Malgaigne was of a contrary opinion.—*Lancet*.

DINNER TO MR. PENNINGTON

BY THE COMMITTEE OF THE NATIONAL ASSOCIATION.

"Members of the National Association desirous of attending, can obtain tickets of the Stewards, on application at the office of the Association, on or before the 25th of May."—*Advertisement of the Committee.*

No. 1.—*The National Association of General Practitioners in Medicine, Surgery, and Midwifery.*

Office, 294, Regent Street, May 15th, 1846.

SIR,—I beg to acknowledge the receipt of your note, making application, in the name of Mr. Wakley, for two tickets for the dinner to Mr. Pennington, and inform you that the same shall be laid before the Stewards at their next meeting.

I am Sir, your obedient servant,

GEORGE ROSS, Secretary.

To Geo. S. Brent Esq.

No. 2.—*The National Association of General Practitioners in Medicine, Surgery, and Midwifery.*

Office, 294, Regent Street, 20th May, 1846.

SIR,—I am directed by the Committee to inform you, that the dinner about to be given to R. R. Pennington, Esq., emanated from the committee, whose guest Mr. Pennington will be, and that after the very offensive observations which have from time to time appeared in *THE LANCET*, of which you are the ostensible Editor, attributing dishonourable motives to the Committee collectively, and personally obnoxious to many of the members, and which at present remain unretracted, they feel constrained to decline your application for tickets on that occasion.

I am, Sir, your most obedient servant,

GEORGE ROSS, Secretary.

To Thomas Wakley, Esq., M.P., &c.

*• The Editor of *The Lancet* thinks it necessary to observe, that both of these letters are signed by "George Ross,"—that the head lines in both are printed, and that both exhibit the official seals of the Committee.—*Lancet.*

CHARING-CROSS HOSPITAL MEDICAL SCHOOL, WEST STRAND, LONDON.

The annual distribution of Prizes and Testimonials of Honour, to the Students most distinguished for their acquirements in the various branches of medical study at this Institution, took place on Wednesday, the 6th of May, 1846, the Rev. G. H. Bowers, B.D., in the chair. The following gentlemen were the successful competitors:—

Chemistry—*Silver Medal*:—Mr. Thomas Sutton Ludlow, Hanworth. *A Book*:—Mr. George W. Paternoster, Lambeth.

Materia Medica—*Silver Medal*:—Mr. George W. Paternoster. *Certificates*:—Mr. R. Hamilton, Ipswich; Mr. F. W. A. Rawlins, London.

Anatomy—(Senior Class)—*Silver Medal*:—Mr. Henry Lambden, London. (Junior Class)—*Bronze Medal*:—Mr. George W. Paternoster. *Certificate*:—Mr. Robt. Hamilton.

Midwifery—(Senior Class)—*Silver Medal*:—Mr. G. B. Payne, Manchester. *Certificate*:—Mr. H. Watts, London. (Junior Class)—*Bronze Medal*:—Mr. Henry Lambden, Horncastle. *Certificate*: Mr. C. R. Durell, Jersey.

Physiology—(Senior Class)—*Silver Medal*:—Mr. Henry Lambden. (Junior Class)—*Bronze Medal*:—Mr. George M. Young.

Medicine—(Senior Class)—*Silver Medal*:—Mr. Jos. Fayrer, Bermuda. *Certificate*:—Mr. John W. B. Steggall, London. (Junior Class)—*Bronze Medal*:—Mr. C. R. Durell.

Surgery—(Senior Class)—*Silver Medal*:—Mr. Jos. Fayrer. *A Book*:—Mr. John W. B. Steggall. (Junior Class)—*Bronze Medal*:—Mr. C. R. Durell.

Botany—*Silver Medal*:—Mr. C. R. Durell. *Certificate*:—Mr. Joseph Fayrer.

Medical Jurisprudence—*Silver Medal*:—Mr. John W. B. Steggall. *A Book*:—Mr. Joseph Fayrer.

Governor's Clinical Prize—*Silver Medal*:—Mr. Wm. Cox, Wales.

General Proficiency—*The Gold Medal*:—Mr. Henry Watts, London.

Diligence and Good Conduct—*Honorary Testimonials*:—Mr. Jago, Hammersmith; Mr. J. Lynch, Shadwell; Mr. R. Westley, London; Mr. T. Stillman, Shropshire.

MEDICAL INTELLIGENCE.

A National Medical Convention, called by the New York State Medical Society, assembled at the New York University on Wednesday, May 6th. Resolutions were adopted unanimously in favour of organizing a National Medical Association, the plan of organization to be reported to another Convention, at Philadelphia, in May, 1847.

The Convention was composed of delegates from some of the principal medical institutions in New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Delaware, Pennsylvania, Maryland, Virginia, Georgia, Indiana, Illinois, Tennessee, Mississippi, and Missouri. The officers of the Convention were—President:—Dr. J. Knight, New Haven, Connecticut. Vice-presidents: Dr. Edward Delafield, New York; Dr. John Bell, Philadelphia. Secretaries: Dr. Arnold, Savannah, Georgia; Dr. Stille, Philadelphia.

The foundation stone of the north wing of University College Hospital, was laid on Wednesday last, by Lord Brougham, assisted by the Marquis of Northampton, the Earl of Auckland, the Bishop of Norwich, Sir George Grey, Sir Edward Ryan, Sir J. Lyon Goldsmid, &c., &c., and the Professors of the College.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, on Friday, May 22nd, 1846:—R. S. Tate; T. Brown; J. Wright; W. Deeble; S. Gibbons; A. C. Gibson; G. King; A. J. J. Chitty; J. G. Bailey; T. Devlin; J. Dwyer.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, May 14th:—John William Williams, Southwell, Notts; Metcalfe Johnson, Wisbeach; Richard Gravelly, Cowfold, Horsham; William Andrews; Wm. Henry Pilkington, Haslingden, Lancashire.



REPORT OF THE DIRECTORS
OF THE
CLERICAL, MEDICAL, AND GENERAL LIFE
ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been 454, and the Annual Premiums received thereon, £9,183. 5s., exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to £112,277 per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying £4,551 within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of £59,016. 18s. 10d. has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,
SECRETARY.

78, Great Russell Street, Bloomsbury, London,

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS,

TO THE MEDICAL PROFESSION GENERALLY.

No. 11, St. James's Place, St. James's.

THE PROPRIETOR of this ESTABLISHMENT informs the Profession, that they will find placed at their command, at the above address, those invaluable adjuncts to medical treatment, the VAPOUR, DOUCHE, SULPHUR, IODINE, WARM-AIR BATHS, and other REMEDIAL AGENTS.

The above means, administered by a new and improved method, can be employed advantageously in various, and frequently intractable and painful, forms of derangement and disease, and are specially valuable in the most severe forms of Acute and Chronic Rheumatism, Gout, Lumbago, Sciatica, Chronic Derangements of the Liver and Kidneys, Obstinate Cutaneous Affections, Mercurial Cachexia, certain forms of Paralysis, Bronchial Derangements, Local Congestions, Contractions of the Joints, &c.

The temperature of the Vapour Room and Douches can be instantly regulated or varied to any required degree, according to the directions of the medical adviser, whilst the various douches can be applied to any portion of the body.

The proprietor invites Practitioners to test, personally, the advantages derivable from the above modes of treatment, as he is convinced that their value and importance, as curative agents, are as yet comparatively unknown, and not sufficiently appreciated.

N.B.—In cases where the nature or severity of the malady may require it, patients can reside in the establishment, and continue under the care of their medical attendant. Practitioners who may recommend patients without special directions for the administration of the treatment, may place the fullest reliance upon the experience, care, and discretion of the male and female attendants.

JUST PUBLISHED, VOL. II., NEW SERIES.

THE TRANSACTIONS

OF THE

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO; SHERWOOD, GILBERT, AND PIPER, PATERNOSTER ROW;
AND DEIGHTON, WORCESTER.

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- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
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- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

ALSO MAY BE HAD,

Vols. I to 12, (Old Series,) can be had at the Publishers, they having now procured a few copies of Vols. 4 and 10, for Gentlemen who are desirous of completing their sets.

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WEDNESDAY, MAY 27, 1846.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SANATORY REVIEW OF THE YEAR 1845, IN RELATION TO THE STATE OF THE PUBLIC HEALTH IN PARIS.

(Translated from the *Gazette Médicale de Paris*, for
the *Provincial Medical and Surgical Journal*.)

Under the term "Revue Sanitaire de l'Année, 1845," a statement is given in the *Gazette Médicale* of the state of the public health in Paris, during the year 1845, and of the progressive changes which it has undergone at different periods throughout the year. This statement is founded upon the official returns from the hospitals, and is professedly preliminary to a series of statistical researches on the same subject, and likely to prove of great and general interest, including

not only the oscillations in the number of the sick, or in other words, the general prevalence of disease, but also the variations in the type and seat of disease, or the individual features of the prevailing morbid affections. The preliminary essay, or sanatory review of the year 1845, after a brief introduction, commences by stating the facts on which the subsequent observations are founded, and gives the hospital returns for each month, of the number of the sick under treatment, the admissions, the dismissals, and the deaths during the month, terms which will serve as the grounds for estimating the frequency and severity of the diseases prevailing in the course of the year.

The following table exhibits the monthly progress of disease throughout the year:—

MONTHS.	Establishments.	Patients remaining on the 1st of the month.	Admitted during the month.	Under treatment during the month.	Discharged during the month.	Deaths during the month.
January	{ Hospitals . Hospices .	5,561 10,377	6,568 1,068	12,129 11,445	5,679 710	614 286
February.	{ Hospitals . Hospices .	5,836 10,449	5,645 985	11,481 11,434	5,055 595	587 291
March	{ Hospitals . Hospices .	5,839 10,548	6,594 1,094	12,433 11,642	5,961 828	757 389
April	{ Hospitals . Hospices .	5,715 10,415	6,861 1,072	12,576 11,487	6,329 790	654 246
May	{ Hospitals . Hospices .	5,593 10,451	6,979 1,051	12,572 11,502	6,267 745	625 247
June	{ Hospitals . Hospices .	5,680 10,510	6,685 1,013	12,365 11,523	6,418 789	493 226
July	{ Hospitals . Hospices .	5,454 10,508	6,513 1,002	11,967 11,510	5,984 807	558 177
August	{ Hospitals . Hospices .	5,425 10,526	6,140 891	11,565 11,417	5,749 648	498 195
September	{ Hospitals . Hospices .	5,318 10,574	6,151 946	11,469 11,520	5,779 756	460 183
October	{ Hospitals . Hospices .	5,230 10,581	6,385 943	11,615 11,524	5,747 735	527 167
November	{ Hospitals . Hospices .	5,341 10,622	5,920 960	11,261 11,582	5,288 760	519 201
December	{ Hospitals . Hospices .	5,454 10,620	6,316 1,022	11,770 11,643	5,775 846	583 173
	Total . .	192,327	88,814	281,432	79,042	9,666

On the special question of the number of sick admitted in the course of the year, the hospices ought not to be included, as the prevailing diseases do not in those places directly affect the amount of the admissions. Taking then only the hospitals into account, this number is 76,757;* and in examining how these are distributed through the months of the year, it will be seen that from January to February, the monthly number diminishes; gradually increases in March, April, and May; decreases in June, July, and August; again increases a little in September and October; falls again in November, and finally, once more increases in December.

In arranging the months according to the order of decreasing gradation in the monthly amount, the calendar of health (*calendrier sanitaire*,) will be as follows:—

May, April, June, March, January, July, October, December, September, August, November, and February.

A remarkable fact which, perhaps, might not be sufficiently attended to is, that there are nearly as many sick in the month of July as in January, and 128 more than in the month of October; a circumstance to which we shall presently return.

In taking a general view of this series of variations, it appears that in relation to the number of the sick, the medical constitution of 1845 may be divided into four periods. The first continuing the sanatory movement from the end of the year 1844, comprehends only the months of January and February; and the number of admissions falls from 6,558 to 5,645. The second, a very long period, extends from the month of March to the month of November inclusive; the number of admissions at first, 6,594, gradually increasing till May, when it reaches 6,979, after which it diminishes gradually to the month of August, where it stops at 6,140. The third period comprehends the months of September, October, and November: the number of admissions rises to 6,151, then to 6,385, and afterwards falls to 5,920. The fourth and last period, commencing the sanatory movement of the first months of 1846, comprises only the month of December; the number all at once rising to 6,316. The increase from the first to the second period is sudden, the difference being 849; from the second to the third the transition is gradual; whilst from the third to the fourth it is rather sudden, (the difference 390,) but less than in the first case.

The number of the discharged, in relation to the question which now occupies us, is in like manner only of value in the hospitals. It may be considered in two points of view, in relation to the number of admissions, and to the number of the sick actually under treatment. We should bear in mind that the comparison of the number of admissions with the number in the hospitals, cannot be altogether depended upon, since the number is brought forward for a certain portion from the sick admitted in the course of the preceding year. In the present case, 5,564 patients have thus been carried on from the practice of the year 1844 to that of 1845. The compensation for this will however be found in the residue left in this last year, amounting to 5,412, which will in its turn affect the practice of 1846, and so on from year to year.

* The number of admissions in the hospices is 12,057.

The same remark applies to the amount of the mortality.

By adding the 76,757 sick admitted during the year to the 5561 remaining of the preceding year, the total amounts to 82,318, representing the number of sick who were in the hospitals in 1845. Now the total number of the discharged was 70,033, that is one in 1.17. The total number of the deaths has been 6,875, or one in 11.97. The following is the proportion in each month of those discharged and of the deaths, to the number under treatment:—

Proportion of the dismissals to those under treatment.

January	1 to 2.13
February	1 to 2.27
March	1 to 2.09
April	1 to 1.98
May	1 to 2.018
June	1 to 1.92
July	1 to 2.18
August	1 to 2.011
September	1 to 1.97
October	1 to 2.02
November	1 to 2.12
December	1 to 8.03

Proportion of the deaths to those under treatment.

January	1 to 19.7
February	1 to 19.4
March	1 to 16.4
April	1 to 19.2
May	1 to 20.1
June	1 to 30.6
July	1 to 21.4
August	1 to 23.2
September	1 to 24.9
October	1 to 22.04
November	1 to 22.08
December	1 to 20.17

To appreciate correctly the bearing of the variations observed in the numbers of those going out, it should be noted that this number is influenced by the number of admissions in two ways. When the admissions are numerous the number discharged increases—the old patients giving place to the new. This is only a necessary result, from which no conclusion can be drawn relative to the termination, more or less successful or more or less rapid, of the prevailing diseases of the time. On the other hand, new admissions necessarily lead to new discharges, which, by their numbers, and by the time at which they are effected, may, up to a certain point, contribute to the estimate, both of the number of the cures, and of the approximate duration of the diseases. Such an estimate can only be of value where based upon considerable numbers. If for example, the number of the patients in the hospital is seen to increase rapidly, then to decrease in the same manner, and the discharges to become numerous, it might be concluded that the diseases which caused the increase were of short duration. An opposite conclusion might be drawn from opposite conditions.

What says our tables with regard to this point?

If we arrange the calendar of the dismissals as that of admissions has been arranged above, in following a decreasing series, the months will be found to take the following order:—

June, September, April, August, May, October, December, March, November, January, July, February.

Now, the first fact which strikes is, that the two augmentations in the admissions noted above, the one in January, the other in April, May, and June, (that of December belongs, under this point of view, to the year 1846,) are felt (*retentissent*) upon the numbers of the discharged at intervals sufficiently well determined. Thus the number of admissions in January is very high; the proportion of the dismissals, instead of augmenting in the following month, diminishes. It does not increase till the month of March, and still more the month of April. At this time there occurs a rapid increase of admissions; the old invalids are dismissed; beds are made up, to use the appropriate expression; and the number of the dismissals is increased. But then follows an interesting phenomenon, and having a different signification; from April to May, the amount of admissions augments, that of the dismissals diminishes; from May to June the reverse occurs; the admissions diminish, whilst those going out increase in number.* Here, evidently, the necessities of the service have no part in the movement. In order then that the dismissals may become less frequent, as the admissions become more numerous, and *vice versa*, some other cause is requisite than the degree of frequency of the diseases, and this can only be their importance and their duration. If there are *proportionally* fewer patients discharged in May than in April, whilst there are more admitted, it is evident that the individuals admitted during this last month must continue to increase the population of the hospitals, that is in a certain number the disease is prolonged. So also, if in June there are discharged proportionably more patients than in May, at the same time that there are fewer admitted, it is because a certain number of individuals still in the hospital in this last month feel themselves in a state for leaving. This phenomenon is then analogous to that we have just noted after the increase of January, that is to say that in either case an increase in the number of admissions leads to a diminution in the number of those going out; in the same way as the increase of January has not caused the number of those going out to swell until March, while the increase of April, aided by that of the month of May, does not swell out the analogous number until in June. If we follow up the subject we shall see the month of June again very rich in admissions, followed by a month very poor in dismissals; the month of June is, in fact, thrown nearly to the extremity of the calendar; the month of August, on the contrary, is not far from the commencement. The sudden increase in the number of the admissions in the month of October is again followed in November by a diminution in the dismissals, which is again raised in the succeeding month. Finally, we may have been struck with the elevated place which the months of September and October occupy in the scale of dismissals with regard to the low proportion of the admissions in the preceeding months. This can scarcely be attributed to a slow rebound of the increase of January, nor to that of the spring exhausted by the numerous dismissals in

the month of August; and we must, therefore, probably seek the causes in the simultaneous dismissals of a great number of the patients admitted in the months of July and August. The variations of the other months are not sufficiently marked to allow of any useful analogous observations.

These different results, hitherto without direct application, and the interest of which is rather future than present, tend only to shew how, and according to what rules, the variations in the number of the dismissals may bear upon that of admissions.

To draw positive instruction relative to the length and importance of diseases, oscillations more sudden and more marked, are required in the numbers, as happens, for example, in epidemics. However, the indications presented above are not absolutely without signification. If this element of the problem could be represented up to a certain point, by the proportional number of the discharged in a given space of time, it follows, that the smaller this number is the longer would have been the duration of the diseases, to which it refers. For example, 600 sick being admitted in the month of January; if only 150 of these go out the following month, or one in four, it would be right to conclude that the existing diseases were in general longer in duration than if the proportion of dismissals were one in two. Now, in consulting the foregoing calendar, founded precisely on these proportions, and following their decreasing gradation, we shall see that after the increase of January, the following month gives the lowest proportion of dismissals, and that of March a proportion still low; that the three months which have given the greatest number of admissions, April, May, and June, have transmitted from one to the other a large proportion of dismissals; that the last of these months has left, on the contrary, to the following month, but a very small number, and part of these to be transmitted to the month of August; that the admissions of August and of July have not been sensibly felt until the dismissals of September and of October, and the increase of October upon the dismissals of December. From this it might be inferred that the reigning diseases of January were in general of longer duration than those of the early spring; and these last shorter than those of the end of spring, and of the rest of the year. This inference seems to us sufficiently conformed to observation, but we shall content ourselves for the present with pointing it out, not forgetting that the number of the deaths ought in its turn to influence the number of the discharged, which we shall now endeavour to verify.

(To be continued.)

TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31st OF JANUARY, 1846.

By GEORGE FIFE, M.D., Newcastle-upon-Tyne, late Physician to the Sunderland and Bishop-Wearmouth Infirmary.

(Continued from page 227.)

In the whole range of medicine no diseases are more deserving of the attention of the physician than those met with in the class of eruptive fevers, not only in consequence of their primary importance, but still

* It will be remarked, that slight differences in the proportions are here of great value, from the large number from which they are drawn.

more from the effects which they leave behind them, and which exert so marked and, frequently, serious an influence over the life and health of the individual who has suffered from them, and to guard against which the most anxious care and most judicious treatment are required. To none of this class of diseases does this remark apply with more force or truth than to measles and scarlatina, the sequelæ or consequences of which are now to be considered.

One characteristic of these and other exanthematous diseases to be scrupulously kept in mind is, that however useful medicine and therapeutic measures may be in mitigating the severity of these diseases, they have a regular and prescribed course to run, and, consequently, that any cause tending to interrupt its progress, must be, and in fact always is, attended with considerable risk to the patient. The eruption may be regarded as a means adopted by nature to relieve the system from part of the morbid influence under which it labours, and as a symptom of a disease, rather than as the disease itself. This view seems to acquire support from the well-known effects which attend, either its partial development or its retrocession, the latter seldom occurring without the most serious consequences following it, and also from the constitutional disturbance which precedes its appearance by such a length of time, as to forbid the idea of the fever being a mere concomitant of the eruption.

To enter into any extended consideration of the primary diseases, or their treatment, is foreign to the object of these papers, as well as unnecessary, as the fullest information on these subjects is to be met with in every systematic work on medicine. I shall content myself then, with at present simply noticing a few circumstances connected with the invasion of these diseases, which are not of common occurrence, but which have attracted my attention, more especially during an epidemic of measles which prevailed in Edinburgh, when I was connected with the Northern Public Dispensary in that city, and which from the frequency with which the disease was ushered in by it, enabled me in many cases to predict what was to follow, even before any symptoms of the primary fever had appeared. I allude to convulsions, which in many instances took place before the slightest deviation from the most perfect health was apparent. Had this been limited to infants and very young children in whom dentition was yet incomplete, it might have been passed over as a mere consequence of the irritable state of the nervous system, so generally present during such period: but this was not the case, as these convulsive attacks occurred in several cases, ranging from the seventh to the fifteenth and eighteenth year. In some of these cases my assistance was hurriedly sought, in consequence of the patients "having had a fit." This was generally followed almost immediately by the febrile disorder, to which the eruption succeeded in due course. It is worthy of remark, that such anomalous cases were not sensibly more severe, or dangerous in their course, than those which commenced in the usual manner, nor was the sensorium in any of them affected to an unusual degree in their after progress. In this respect, the accession of measles bore a very striking resemblance to that of the influenza, which prevailed in 1837 in this town, several cases being ushered in by sudden and urgent attacks on the

cerebro-spinal system, before any other symptoms existed indicative of the real nature of the disorder, but which very soon became well marked. Two out of many cases illustrative of this circumstance, were sent by me at the time to the *Medical Gazette*.

In regard to the treatment of measles, I consider that except where local symptoms exist in an aggravated form, no active measures are either necessary or useful, although very often decidedly injurious, by preventing the full and free development of the eruption. Many facts have presented themselves to my notice, demonstrative of the mischief resulting, both from active depletion and the employment of strong purgatives, with the view of subduing the fever prior to the appearance of the eruption, the real nature of the disease not being even suspected, the extent to which medicine should in ordinary cases be carried, prior to the subsidence of the eruption, being merely to that of unloading the bowels, and securing by gentle diaphoretics, a moderate determination to the skin, the cough, when very troublesome, being mitigated by mild expectorants with hyoscyamus. Such is the plan which I have pursued for nineteen years, during which period my practice in the diseases of childhood has been very considerable, and in which I cannot call to mind a single case wherein measles proved directly fatal. From my own experience, therefore, I conclude that measles is not primarily or essentially a disease attended with much danger to life, but when its sequelæ are considered, the case is very materially altered, and in my belief very few diseases are ultimately more fatal. To the consideration of these I now proceed.

The most common effects of measles on the system, and which from their frequent occurrence, are very properly termed the sequelæ of the disease, are affections of the chest and abdominal organs, especially the mesenteric glands, which last in the strumous diathesis, when not duly attended to, constantly goes on to what is called *tabes mesenterica*. From the prominent degree in which the respiratory system is affected in the primary disease, and the irritation thereby induced, any previous or inherent tendency to disease of the lungs is, as might be expected, constantly developed after the subsidence of the eruptive disorder. This remark is particularly applicable to the manifestation of phthisical symptoms, which so often supervene on measles. In these cases it is probable that tubercles had previously existed in the lungs, although in an isolated state, and therefore not the object of attention. When, however, the general and local irritation of measles comes into operation, and in which the lungs always participate, it is probable that, not only the tubercles which lay dormant, are called into an active state, but also that fresh tubercular matter is deposited, which, with that previously existing, is rapidly matured, and in too many instances speedily fatal. Independent of the previous existence of tubercles in the lungs, there is no doubt that, after such a disease, and the comparatively impaired condition of the vital powers of the system which it inevitably leaves behind it, tubercular matter may be deposited in such quantity as very soon to go into the state of aggregation and softening. Whenever, therefore, after the convalescence from measles, cough continues, and especially when the

person complains of "shortness of breathing," cause exists for anxiety, and wherever it is practicable change of air should be advised. The nature of such change must depend on the general constitution of the patient, and the real progress which the disease may have made. Where the supposition exists that deposition of tubercles is going on, and this is connected with the scrofulous diathesis, but where no inflammatory tendency has manifested itself, a pure, dry, and bracing air should be preferred; such change, aided by appropriate medicinal and dietetic measures, will, when promptly made, very often arrest the further progress of the disease. When, however, there is reason to believe that the tubercles have made more advance, the cough being attended with expectoration, and this of a suspicious character, the flesh and strength reduced, and the patient liable to frequent inflammatory attacks in the chest, the selection must be diametrically opposite, a warm and humid air being best adapted to the prevention or mitigation of such inflammatory action.

On the medicinal treatment of these states it seems quite superfluous to enter; but one question of no inconsiderable importance exists as to the expediency of mercurial treatment in the incipient stages of tubercular disease of the lungs. Without at all presuming to decide such question, I may be permitted to express my *doubt* as to the propriety of carrying the mercurial treatment to such an extent as to obtain anything bordering on its specific action on the system; as however desirable it may be to change by alterative remedies the tendency to deposition of tubercles, there are circumstances inseparable from the action of mercury to which I cannot overcome my objection. These are, first, its acknowledged primary excitant action, which is certainly followed by depression of the powers of the system; and, secondly, its liability to induce that cachectic state in which tubercular disease so frequently originates, and with which is generally associated a high degree of irritability, by which the system is rendered excessively obnoxious to those inflammatory attacks, against which it is so very desirable to protect the patient.

Objectionable as I consider the employment of mercury with the view of producing its specific action on the system, these remarks are not to be considered as condemnatory of its exhibition as an alterative, occasionally given to correct any error in the secretions; so far from this being my intention, experience has convinced me that when so administered it is not only most beneficial and speedy in improving these, but it also renders the system more amenable to the influence of other medicines, of which, in these cases, the iodide of potassium claims the first place. This remedy may at first be given alone for a time, and may subsequently be used in conjunction with the preparations of iron, or with other tonic bitters. From this plan I have derived the very best effects in many cases, where the cachectic condition was well marked, and where there was too much reason to apprehend the existence of serious mischief, both in the chest and abdomen. In those cases attended with some excitement of the circulatory system, any unpleasant action of these medicines has been effectually repressed by the addition of a few drops of the tincture of digitalis.

These measures, aided by a carefully regulated diet, and warm or cold bathing, according to the indications of individual cases, with strict attention to clothing and exercise, have generally succeeded in arresting the further development of the disease, except where its progress was such as to forbid the hope of real or permanent advantage from any plan that could be adopted.

In those cases where the mesenteric glands were implicated, the secretions, when defective, were improved by the combination of the hydrargyrum cum creta, with ipecacuanha, or antimonials; iodide of potassium, with or without iron; the warm sea-water bath; and friction over the abdomen, and along the course of the spine, with various stimulant embrocations, one of the most useful consisting in a combination of tincture of iodine with turpentine, and a due proportion of lard or oil. Flannel should, in these cases, be worn next to the skin, and where previously in use, a broad belt, applied with moderate firmness around the body may be very advantageously added.

The remarks made on the sequelæ of measles will, with some modification, apply to those resulting from scarlatina, but in the latter the chest is less frequently affected, the most common effects being deafness, and dropsical effusion, although from the general excitement of the system any latent morbid tendency is liable to be called into a state of activity. The deafness which so frequently follows this very dangerous and often intractable disorder, may depend on various and very opposite causes, one of which seems to be the obliteration of the Eustachian tube, consequent on the extension of the inflammation of the throat; another, the destruction or disorganization of the organ of hearing, by inflammation and suppuration, which may or not be attended with death and exfoliation of the beautiful and delicate bony structure on which the sense of hearing depends. The first may subside spontaneously, after the lapse of some time, but the hearing is generally and permanently impaired; whilst, in the latter case, the sense is irrecoverably lost. Instances innumerable might be cited, illustrative of both these causes of deafness, but they are unfortunately too common to render any appeal to facts necessary.

In regard to the treatment of these cases, although they come more strictly within the province of surgery, I believe but little can be done. In some cases, where the first cause seemed to be the source of the evil, I have derived considerable benefit from the employment of stimulant gargles, and a *succession* of blisters applied behind the ear. In the latter no measures have appeared to be productive of any advantage, although very bad effects have, within my knowledge, followed the drying up of the purulent discharge by means of various applications employed for the purpose, a practice which cannot be too much deprecated.

The mesenteric glands in this disease are very frequently affected on its subsidence, though by no means so frequently as after measles. The most common and serious consequence of scarlatina, is the dropsy which may occur either immediately on the cessation of the febrile and eruptive disease, or may take place after some time has elapsed, either as the consequence of exposure to cold, improper diet, &c.,

or it may arise spontaneously, without any evident or sufficient cause. Some years ago very opposite opinions were entertained as to the real cause and nature of the dropsical effusion consequent on scarlatina, some very eminent men contending for its inflammatory character, others regarding it in the opposite light, and attributing it to debility. That both opinions were tenable to a certain extent, experience has long ago convinced me, and that treatment must be modified according to the character of the case is no less certain. So far, however, as I have been personally called upon to treat the disease, the latter cause has been decidedly most prevalent, as in no case have I ever deemed active depletion necessary, nor have I ever had reason to regret the omission of such—when requisite—very valuable means. In all the cases which have occurred in my practice, purgatives, diuretics, tonics, the warm bath, friction, and rigid attention to diet, with careful protection against cold and damp, have proved fully adequate to a complete and permanent cure. In conclusion I would observe, that the less the primary diseases are interfered with by medical treatment the better.

Newcastle-on-Tyne, May 23, 1846.

(To be continued.)

CASE OF COMPOUND FRACTURE AT THE ELBOW-JOINT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If you think the following case is worth insertion, inasmuch as the relation of many such cases might expose the consequences of casualties occurring during the treatment of them, you will have the goodness to give it a place in your Journal.

I am, Sir,

Yours very respectfully.

W. ALLISON.

Nov. 14th, 1845. A man, aged 65, of a rheumatic habit, who had lately recovered from broken ribs, had a compound fracture at the elbow-joint, from the wheels of an empty waggon having passed over the arm upon a hard road. A hole in the skin, over the front and upper part of the external condyle of the left humerus, admitted the finger very readily, by which pieces of bone were felt in the joint, detached from the humerus, though not from the supinator and extensor muscles of the forearm. There had been free venous hæmorrhage.

Considering the man's age favourable,—that he was neither so young as to make violent inflammatory action probable, nor so old as to be deficient in necessary vigour, I observed to him, "that his arm might be saved, but that as some of his fingers would be permanently contracted, and as he was a man of property, (not dependent upon labour,) it would be better, under all circumstances, to remove the limb after he had been a night in his own bed; more especially as his natural strength of constitution had been reduced by the accident from which he had but just then recovered." To which he replied, "If it be possible to save the limb, I should prefer it; I don't mind how useless it remains."

The opening in the skin was enlarged two inches, to admit of the separation, by a bistoury, of tendons arising from the pieces of broken bone. The removal of the bits of bone produced a recurrence of the hæmorrhage. Three sutures were used. A piece of lint soaked with blood was placed over the wound, and over that, lint soaked in the compound tincture of benzoin, to seal it up air tight. A roller was applied over the whole.

The man, having his arm placed in a sling, was taken home in a chaise, from a small cottage by the road, a distance of five miles. It may be here remarked, that the circumstances of his being in a very small cottage with a family of children, and being faint from loss of blood, rendered *immediate* amputation undesirable. On the following day the roller had become soaked with blood. Cold wetted linen was then applied over the whole arm, during some days. Having no fire-place in his cold bed-room, (nor in the house, except one in a small kitchen,) he "took cold" with getting up to his night chair, whilst using the wetted linen, and became rheumatic; still his elbow-joint and his constitution remained quiet until he took a second cold, about the 11th of December.

December 6th, (the twenty-first day from the accident.) The whole of the lint, &c., were taken off the arm. Two sutures were loose from ulceration, and the third was removed. The wound had entirely healed.

11th, (the coldest part of the winter.) The man became feverish, with very acute rheumatic pains, from fresh cold; the joint became inflamed, and suppuration ensued.

The skin gave way on the 17th, and from the 22nd the wound began to fill up by granulations. After that time the limb, during six or eight weeks, gradually recovered its natural size, and May 5th, (upwards of six months after the accident, and nearly five from the suppuration in the joint,) the wound had healed, at which time the man was in a very good state of health, but the joint is ankylosed to but a trifling extent, the forearm cannot be borne out of a sling, and the fingers are almost useless. Next winter the limb may be frequently the seat of rheumatism.

Remarks.—If the arm had been amputated on the day after the accident, the man would have incurred considerably less expense, and would not have been so helpless in dressing as he now is; but he would always have thought that the arm might have been saved, and that it would have been very useful to him. It is probable, that if he had had a fire in his bedroom, the process of reparation would have been completed without suppuration in the joint. He is quite satisfied with his recovery, and content with the present state of the limb.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 3, 1846.

So large a number of the members of the Provincial Medical and Surgical Association are to be found among the supporters of the Sydenham Society, that the proceedings of the latter body cannot but be a subject of considerable interest to the Association.

The Society has now recently issued its third publication for the year ending April, 1846—the second volume of the works of Paulus Ægineta. It is known that dissatisfaction has been expressed in some quarters at the expenditure of the funds of the Society on this work, as containing a mass of crude and trivial matters, curious indeed as a specimen of medical literature, but of little or no practical value. It should, however, be borne in mind that the Sydenham edition is not confined to a mere translation of the seven books of the Greek author, and it is but justice to its learned translator and editor, to say that the numerous notes appended to each section or subject by way of commentary, constitute this edition an epitome of ancient medicine of the highest interest. It is in this point of view that the issuing of the work in question by the Sydenham Society should be regarded, and if there is anything either of value or interest in ancient Greek, Roman, and Arabic medical literature, it is surely an object well worthy the attention of such a society, to collect and publish it, so as to make it generally and readily accessible. Possibly, as far as Paulus Ægineta is concerned, all useful practical purposes might have been attained by a judicious selection from his works; and in this utilitarian age we doubt not that many will be found who would prefer that the cream of antiquity should thus be served up to them; but this is precisely what Mr. Adams has accomplished, the text of Paulus Ægineta forming merely a convenient medium through which it might be conveyed.

We have no intention, however, of writing an apology for the council of the Sydenham Society;—they are very well able to take care of themselves: but in alluding to the subject of their proceedings, as of general interest to the members of the Provincial Association, we have endeavoured to remove what seems to have been a misconception with respect to a very learned and elaborate compendium of ancient medical literature. The report of the council read at their annual meeting appeals to the character of the works published, and taken altogether, although of course they cannot be otherwise than of various degrees of merit, we think that the collection of volumes fully justifies the appeal.

Among the works announced as in course of preparation for the year now commenced, or for future issues, are those of Harvey, and Hewson; a selection of papers and communications from the Transactions of Medical Societies published prior to the present century; a volume of obstetrical essays, to be edited by Professor Simpson, of Edinburgh; and a series of essays on the head and neck, from the papers and prize-essays of the French Academy of Surgery. Among the publications

proposed and under consideration are the works of Hippocrates, a volume of medical essays, and a general index to the medical journals. It was also announced that a fourth volume will be issued to the members for the year 1845-6, which, as the balance in hand appears sufficient for the purpose, is but just, the character of a publishing institution of this description rendering it desirable that those who contribute to its funds should receive as much, in return, as is consistent with the well-being of the Society and the promotion of the objects for which it was instituted.

BIRMINGHAM PATHOLOGICAL SOCIETY.

April 4th, 1846.

FREDERICK RYLAND, Esq., in the Chair.

FUNGOID DISEASE OF THE KIDNEY.

Dr. Fletcher presented a kidney, taken from the left side of a male infant, aged sixteen months, in a fungoid state of disease, and weighing two pounds and a quarter.

A few days before his death he became a patient at the General Dispensary, and a large tumour was found situated in the right side of the abdomen, extending downwards from the right hypochondrium, very much in the situation of the spleen, an enlargement, of which it was thought most probable, but that it had not that abrupt termination internally by which enlargements of that organ are usually characterized. The child was very much emaciated, and evidently could not continue many days. It died on the 24th of March, and a *post-mortem* examination of the body was made on the 26th, at 7 a.m.

The capacity of the chest was very much diminished by the pressure of the enlarged contents of the abdomen upwards against the diaphragm; the contents healthy. Abdomen: A tumour was found consisting of the right kidney, in a fungoid state of disease, which pressed upwards the liver, stomach, and spleen, and pushed forward the pancreas and colon, the descending portion of which passed down in front of it: it filled up all the right side of the abdomen from the right hypochondrium down to the pelvis, below the pancreas and arch of the colon, and within the descending colon the small intestines lay upon it, and posteriorly it passed as far as the spine. The other kidney, and all other organs of abdomen and pelvis, healthy.

PARACENTESIS THORACIS.

Dr. Fletcher exhibited three quarts of serum which had been drawn off from the chest of a man by the operation of paracentesis thoracis, and gave the following history of the case:—

William Martin, an engine man, aged 29, of spare habit, came over from Bilston to consult me on the 23rd of March, 1846, for a difficulty of breathing, and a short, dry, and distressing cough, from which he had suffered about three weeks. It came on after exposure to cold, which produced a severe shivering fit, and subsequent fever and pains in the chest. He had never had any previous illness, but had had the right arm amputated at the middle of the forearm at about

eleven years of age, in consequence of a severe injury inflicted by machinery upon the elbow-joint and forearm. Present state: The breathing short, and very difficult on the least exertion; the pulse 120, and feeble; tongue slightly coated, and he complains of pain and tightness in the chest, and could not lie on the right side; head free from pain; bowels regular. On examination of the chest the left side was larger than the right, which he said was natural to him, and as a reason for this it must be borne in mind that the right arm had been amputated at eleven years of age. The left side measured twenty inches; the right side seventeen inches and a half; the left nipple half an inch higher than the right; the respiratory motions much greater on the right side of the chest than on the left; in the former they were greater than natural; in the latter scarcely perceptible. The heart was seen to beat two inches to the right of the sternum, about at its natural level of the chest. On Percussion: The left side of the chest gives a dull sound all over, except at just the superior part above the level of the clavicle, and about half an inch below it anteriorly, where the sound was less dull than below, but more dull than natural; the right side more than usually sonorous, except in the situation of the beating of the heart. The sounds of respiration were absent on the left side below the clavicle, and very feeble above it; on the right side they had a puerile character. I told the patient that an operation was necessary, and that he must prepare to remain in town, and prescribed for him the following medicines, and had the left side of the chest blistered extensively:—

R. Hydr. Chlorid., gr. ij.; Pulv. Ipecac. Co., gr. vi. M. Piant pilul. ij. mane et nocte sumendæ.

R. Magnes. Sulphatis, oz. j.; Tinct. Digitalis, dr. j.; Liq. Ammon. Acetatis, oz. iss.; Potassæ Nitratis, dr. j.; Spt. Æther. Nitrici, dr. iij.; Mist. Camph., oz. ixxx. M. Capiat cochl. magna duo tertius horis.

March 25th. The blisters have risen well; the patient appears in about the same state. The pills to be continued at night, and the mixture as before.

27th. He described himself as somewhat relieved and more able to lie on the right side than he was, but not at all comfortable in that position. The left side appeared rather flatter on the subclavicular region than it was, but the physical signs and measurement remained the same. I requested my friend Mr. Crompton to see him with me, with a view to having the operation of paracentesis performed, which we fixed for the next day.

28th. He had continued the medicines; the gums not affected; the blistered surfaces nearly well, and is in every respect in about the state as described yesterday.

Mr. Crompton performed the operation by making a transverse incision with a scalpel, in a line below the middle of the axilla, which, when forcibly drawn up, was on a level with the space between the sixth and seventh ribs, between which he passed the trocar and canula, as modified by myself, namely, the one described in the report of the meeting of the Pathological Society of January, 1845. Exactly three quarts of clear serum were evacuated, and the instrument acted admirably, in not allowing the slightest quantity of air to enter the chest through the canula. The lung expanded during the operation, as indicated by respiration becoming audible over the chest,

and the heart came over to its natural position, and was felt to pulsate against the end of the canula. During the latter part of the operation the patient was placed in such a position, as to make the punctured portion the most depending of the chest, by which the cavity of the pleura appeared completely emptied, and the side affected much flattened and contracted in size. The serum separated into a fibrinous clot and serum, just as blood would do, indeed it appeared in this state like blood, without colouring matter. The serum was 1.020 specific gravity, alkaline, and highly albuminous. When the serum was evacuated, the canula was withdrawn, and the valvular opening secured by straps of soap-plaster, and a flannel bandage applied round the chest.

In the evening the patient was pretty comfortable, but was troubled with severe paroxysms of cough. The pills to be continued at night only, and the mixture to be taken twice a day.

29th. The patient has passed a comfortable night, with the exception of the cough, which has come on in troublesome paroxysms, and he has been able to lie on either side equally well.

30th. The patient going on well in every respect; the paroxysms of cough have very much subsided. To continue the medicines.

31st. On measuring the chest, each side was found to measure seventeen inches and a half; and all over the left side a rough friction sound was heard—*bruit de cuir neuf*. The left side sounded rather more dull than the right upon percussion.

April 1st and 2nd. The patient getting on gradually better.

3rd. The chest measured sixteen inches and a half on the right side, and eighteen on the left; the puerile respiration of the right side has subsided and become natural; feeble respiration is heard all over the middle and upper portions of the left side, and upon deep inspiration in the lower portion; the friction sound of the left side has very much diminished; the left side more dull than the right on percussion; the mouth is not sore. Continue the medicines.

6th. The patient has gone on improving since last report; the right side now measures sixteen inches, and the left eighteen inches; the friction sound on the left side has disappeared, and the respiration become more distinct. In every respect better.

8th. Still improved, and is now able to come down stairs. To leave off the medicines, and take some simple aperient pills.

10th. So far improved that he will go home tomorrow, a distance of ten miles.

15th. As requested, he came over, and was found to be going on very satisfactorily.

23rd. Still going on well, in every respect getting stronger; the respiration more free. On examination of the chest the left side sounds more dull on percussion than the right, and the respiration more feeble, which in the inferior part is not heard, except on deep inspiration.

STRICTURE OF THE RECTUM.

Mr. W. H. Partridge brought before the Society a portion of rectum very much diseased, and a stricture, almost cartilaginous, a short distance above the sphincter, and gave the following history of the case:—
A gentleman, aged 60, with a florid complexion,

healthy looking, stout, rather corpulent, and fond of good living, applied to me on the 1st of September. He complained of a slight aching pain about the middle of the sacrum, pain along the urethra after a stool, but none in making water, though the bladder was rather irritable, and required him to micturate frequently; he had a liquid motion two or three times a day, sometimes attended with a slight discharge of blood; this he said was owing to internal piles which had teased him for some months. He further informed me that he dare not take any aperient medicine except a few grains of rhubarb, which sometimes produced great pain and straining, and an increase of bleeding. On examining the rectum I did not find any piles or thickening as far as I could reach with the finger; but on pressing in the direction of the prostate, which was enlarged, pain was produced along the urethra, similar to that occasioned by the passage of feces; his abdomen was large, and there appeared considerable hardness about the sigmoid flexure, but no tenderness. After trying some simple medicines for a few days with slight relief, I at length prevailed on him to take a dose of castor oil, which having the effect as he said of making him costive, he the more readily consented to repeat it several times; injections were then tried, without any good effect, indeed they could not be made to pass. Calomel and colocynth, followed by senna mixture, were given, when some lumpy feces were passed, but no blood; injections containing ox-gall, which is said to have the effect of softening hardened feces, were now given, and also dried ox-gall in the form of pill. On the third day after commencing this treatment he passed an enormous quantity of stool, containing many lumps as large as a goose egg. The relief experienced was great; the size of the abdomen diminished so much that his belt had to be taken in three inches. From this time he took some aperient daily, with an occasional anodyne at night, to relieve the pains in the sacrum and urethra; under this treatment he seemed to be recovering, and what was remarkable had lost the bleeding. On the 21st of December he passed at one time a large night-pan three parts full of pure blood, and fainted; from this attack, (which never returned even in the slightest degree,) he very slowly rallied. Another examination was now very cautiously made, and an indurated stricture found, apparently only half an inch in diameter, but it must have been very dilatable from the large size of the scybala, which he frequently passed with little apparent pain. He lingered on till the middle of last month, taking plenty of nourishment, but without acquiring strength. He appeared to sink at last from constitutional irritation occasioned by the disease. The *post-mortem* examination showed a very diseased state of the rectum, a stricture almost cartilaginous a short distance above the sphincter, and above that the rectum formed a large pouch, the interior surface of which was covered with a rough flocculent substance; the right kidney was much diseased; the liver, spleen, heart, and lungs healthy; considerable adhesions were found on the left side of the chest; the bladder was healthy; some glandular structure surrounding the descending aorta had a carcinomatous appearance, but on its being submitted to the microscope by Dr. Evans, he did not discover any appearance of cancer cells.

Selections, &c.

DOUBLE MOVEMENT OF EXPANSION AND SINKING OF ORGANS UNDER THE INFLUENCE OF THE CIRCULATION.

M. Isidore Geoffroy-Saint Hilaire, has presented to the Académie des Sciences, in the name of M. Piégu, a note upon the double movements observed in the limbs, compared with the double movements of the brain.

Experiments performed with great precision and exactness shew that the members undergo a double movement of expansion and of sinking, altogether corresponding to the two movements before known in the brain. These movements of the limbs occur also at two distinct periods.

1st period: expansion. The expansion of the limbs, like that of the brain, is most pronounced during the ventricular systole; it is especially exaggerated during expiration.

2nd period: sinking. The sinking which follows, perfectly marked during the repose of the ventricles, is more completely evidenced under the influence of inspiration.

Each time the movement is composed, alternately of two degrees.

1st, or feeble degree. Expansion slight, coinciding with the beats of the pulse,—ventricular expansion.

2nd, or stronger degree. Expansion considerable, occurring during expiration,—expiratory expansion.

The sinking is observed in the other states of the breathing and of the circulation. Like the expansion, it has two degrees.

1st degree; sinking slight. It agrees with the time of the repose of the ventricles.

2nd degree; sinking more marked. It coincides with the inspiration.

The movements of the limbs thus offer the most perfect correspondence with the movements of the brain they agree also perfectly with the movements observed in the arterial and venous channels. The latter agreement is especially of interest in this view, that the more a member or a part of a member contains proportionally of soft parts, the more clearly it presents the movement of double expansion, and as the proportion of the soft parts of a member are always in constant relation to the development of the capillary net-work, we find that the more the soft parts are furnished with vessels the more the expansive movements are displayed.

SULPHATE OF QUININE IN LARGE DOSES, IN TYPHOID FEVER.

M. Paul Boucher de la ville Jossy has undertaken a series of investigations on the physiological and therapeutical action of the sulphate of quinine in large doses, in typhoid fever—a subject which has recently attracted much attention among French practitioners. The following are the conclusions which he thinks himself justified in forming, as the result of his own personal observations:—

1. The non-acid sulphate of quinine, in the dose of from two to four grammes in a mixture of 125 grammes, administered in spoonfuls by the mouth, every two hours or more, does not produce any serious consequences.

2. It is generally taken with repugnance; often

immediately after having been admitted into the stomach producing a temporary nausea, and sometimes vomiting.

3. The mucous membrane of the digestive passages does not experience from it any injurious influence; there is only some slight sensation of heat in the course of the œsophagus to the cardia.

4. The eruption of the lenticular spots of the skin and sudamina is not modified, and it appears to be the same also with the intestinal eruption.

5. Its administration is often followed by a remarkable amendment, which is sometimes only transitory.

6. The apparent convalescence is generally rapid, but it is not the same with confirmed convalescence.

7. This apparent convalescence is owing to the modification of the general condition; the intestines not partaking in this modification.

8. The nervous phenomena and the slowness of the circulation which are caused by the quinine, soon cease when the administration of the medicine is suspended.

9. It diminishes the head-ache, and often causes it to disappear; the pain is then replaced by heaviness of the head.

10. It often hastens the return of natural sleep.

11. Finally, it does not appear that the sulphate of quinine should constitute a special method of treatment, but it may prove serviceable combined with other means.—*Gazette Médicale de Paris.*

NEW COMPOUND OF CHLORINE, IODINE AND MERCURY, IN SCROFULA.

Mr. Rochard has communicated to the Académie des Sciences, Paris, a paper entitled "Trial of a New Compound of Chlorine, Iodine and Mercury, in the treatment of Scrofulous Affections."

The author reports a considerable number of cases, the results of which seem to him to prove that this composition; which M. Boutigni has made known, and designated by the name of "*iodhydargirite de chlorure mercureux*," exercises an efficient action in scrofulous affections of the most serious character, and also in inveterate cutaneous diseases. He states that after having obtained some rapid cures in psoriasis lichen, chronic eczema, herpes, maculæ, &c., the idea occurred to him of extending its employment to the treatment of scrofula. He cites, amongst others, some successful cases of white swelling, with caries, and fistulous canals; of numerous enlarged indurated or ulcerated ganglia; of chronic ophthalmia, complicated with ulcerating keratitis; of ulcerated lupus; of goitre; and finally of large scrofulous abscesses, succeeding to an anti-syphilitic treatment. In these several cases the action of the remedy was quick and permanent, though varying in the various forms of the diseases. M. Rochard employs the medicine externally in the form of ointment.

TARTARIZED ANTIMONY IN CHRONIC EFFUSION INTO THE KNEE-JOINT.

A patient, received under the care of M. Rayer for an acute affection of little importance, was affected at the same time with chronic rheumatism of the right knee-joint, attended with considerable effusion, of six years' duration. The patient suffered under the influ-

ence of a manifest rheumatic diathesis; he had had in succession for many years, nearly all the joints affected, even to those of the vertebræ. But during the time that the knee had been attacked, with the exception of some variation in the quantity of the effusion, the disease had obstinately resisted every means which were employed—bleedings, general and local, blisters, purgatives, sulphate of quinine in large doses, vapour baths, &c. Blisters were again tried, but without deriving any advantage, the patient even declaring that they did but increase his sufferings, and that every time they were applied they had had the same result, and without ever diminishing the effusion. M. Rayer determined upon administering the tartarized antimony, and gave it in the dose of three grains a day, mixed with syrup of poppies, to prevent vomiting. In the space of three days the effusion was almost entirely dissipated, and the pains were notably diminished. It should be remarked that these results were obtained without any emetic or purgative action.—*Gazette Médicale de Paris.*

MORTALITY OF ILLEGITIMATE CHILDREN.

The frequent occurrence of illegitimate births in the Prussian province of Posen, has induced Dr. Cohen v. Baren to institute some investigations as to the injury resulting in them to the children, from the mother being placed in an improper position at the time of birth, as compared with injuries from the same cause in married women. Of fifty cases, thirty were born while the mothers were standing, seventeen while stooping or sitting, and two while kneeling. Of the fifty women, thirty-two were primiparæ. Of the children, forty were at the full time, and ten premature; of these latter, seven were above thirty weeks of uterogestation. Of the nineteen which were born while the mother was stooping, sitting, or kneeling, one had a fracture of the skull; it was probable, however, that this was caused by laying a heavy stone on the child's head, for it was dropped on soft turf; in ten of these not the slightest contusion or ecchymosis could be discovered; in one, probably from dragging the cord, which was much shortened from being several times twisted round the fœtus, there was rupture of the liver. In twenty-five cases the umbilical cord was torn; in seven the placenta came away along with the fœtus, the cord being untorn; in fifteen the cord remained uninjured; and in three this point could not be determined. In the twenty-five cases, where the cord was torn through, eleven children presented ecchymosis, five fractures or fissures of the cranial bones, and one rupture of the liver. The conclusions from these investigations, compared with those which Henke gave in his critique on Klein's cases, are as follows:—1st. The proposition that the fall of children on the ground can cause dangerous injuries, and through these death, is proved; and although it must be regarded in general, as only an occasional cause of death, still cases are not wanting where injuries received in this way have been the sole and only cause. In illegitimate children, too, a trifling injury is of greater importance than in children born in wedlock, and may be the cause of their death. 2nd. It is proved that the fall is not invariably followed by death, as many children have fallen without receiving the slightest injury. 3rd. That if unexpected pro-

trusion of the child is frequent in persons who do not conceal their pregnancy, it is much more frequent in those who do. 4th. In unmarried females, it occurs chiefly in primiparæ. 5th. The assumption, that unmarried females being generally long in labour, the injuries observed on the foetal head are to be attributed to its long detention in the pelvis, is correct in a very few instances. 6th. The unusual conditions in which women who bear illegitimate children bring forth, cause that very slight contusions, concussions, and extravasations, arising from the parturient process, may be followed by death, and therefore the medical jurist ought to be very careful in attributing such traces of injury (even though very considerable,) to violence intentionally applied. 7th. Of four children born in an unusual position, in three it can be affirmed that the cord was broken by the act of parturition itself. 8th. Injuries of the head are to be ascribed to the fall, more especially where the ground is hard, rather than where it is soft. 9th. The integrity of the cord is an obvious prevention to the production of injuries of the head; and where injuries are met with under such circumstances, we must rather suspect that they were induced by violence, applied in some other way. 10th. In delivery, in an unusual position, the cord is generally torn; it is seldom that the fœtus remains in connection with the placenta in the uterus, and still more seldom that both come away together with the cord entire. 11th. Illegitimate children show a less degree of physical development.—*Preussische Verein Zeitung*, in *Northern Journal of Medicine*.

POISONING BY UNRIPE POTATOES.

A woman, aged forty-three, of spare but robust constitution, and who had no previous ailment, was seized with severe colic, vomiting, and purging, the stools consisting of fragments of potatoes floating in a mucus-like fluid; she had cramps in the calves of her legs and fingers, and her thumbs contracted; she was very weak; had a shrivelled appearance; pupil much dilated; face, chest, and extremities cold; eyes haggard and sunk in the orbits; pulse 100, quick, small, and compressible, sometimes scarcely perceptible; tongue clean; epigastrium tender on pressure; respiration irregular, sometimes interrupted. It appeared from the account given by her parents, that she had been for half an hour without consciousness, pulse, or respiration—in fact like one dead—before the arrival of the doctor; from this state she revived after discharging a large quantity of potatoes by vomiting and stool. A mixture containing five grains of tartar-emetic was ordered, of which a spoonful was directed to be given every ten minutes; a sinapism was applied to the pit of the stomach. Stools and vomiting of quantities of pieces of potatoes continued. The woman having quite regained her consciousness, stated that during the last fifteen days she had eaten a great deal of unripe potatoes—that she had had diarrhœa for eight days, and that at her last meal at noon she had eaten more of them than at any previous one. At half-past ten o'clock in the evening the general heat of surface returned, the cramps diminished, and the pulse became fuller and stronger; tongue continued clean; the emetic mixture was ordered to be continued. The vomiting, which had not ceased, became simply bilious. On the next day she got an opening mixture, which

produced seven stools. On the third day she got some nourishment; her appetite, perspiration, and sleep returned, and the day after she was pronounced well.—*Medicinische Annalen*, in *Dublin Medical Press*.

MESMERISM.

From a letter published in a Dublin paper, it appears that the £100 note deposited for six months in the bank of Messrs. Ball and Co., which was, according to the terms of the advertisement in the public papers, "to become the property of any person who, without opening the envelope in which it was contained, should describe every particular respecting the note—such as its number, its date, the bank at which it was payable, &c., and who should read three English words, plainly written on a slip of paper, which was contained in the same envelope with the note," has not been awarded. The six months expired on the 31st March, but the time was extended to the 18th of April, to meet the convenience of a lady, a professor of mesmerism, and the authoress of an ingenious book on the subject, who arrived from London in the beginning of the month, and who expressed a wish to have some time longer to prepare her *clairvoyance* for the test. Six months and seventeen days having expired, and no person having appeared at the bank to examine the envelope, it was opened on the 18th instant, in the presence of Messrs. Ball and Doyné, and one or two other persons connected with the establishment. The note proved to be a printed cheque issued by the house of Messrs. Ball and Co. for £100, payable to (Edipus or bearer, and dated the 1st of October, 1845. The English words (written on a separate slip of paper) were, "To Edipus alone." Although no person applied at the bank to inspect the envelope containing the note, some communications were received from different parts of England, and one from America, (but none from Ireland,) containing mesmeric revelations respecting the number of the note; and one letter (from Plymouth,) enclosed a picture, or (intended) *fac simile* of it. It is unnecessary to add, that these mesmerically-inspired persons were mistaken in every particular.

ST. BARTHOLOMEW'S HOSPITAL.

At the annual presentation of the scholarships, prizes, and honorary distinctions, to the pupils studying at this Hospital, the prizes were delivered as follows:—

Wix Prize, founded by the Rev. Mr. Wix, for the best Essay "On the Connexion between Revealed Religion and Medical Science."—Mr. George R. Kingdon, B. A., Cantab., London.

Bentley Scholarship, of fifty pounds a year for three years, given by the Treasurer.—Mr. Walter Yonge, St. Ives, Cornwall. *Certificate*, Mr. Joseph Eld, Coventry.

Scholarship in Anatomy and Physiology of forty-five pounds a year for three years, from the Scholarship Fund.—Mr. E. Low, Congleton. *Certificates*, Mr. Thomas Simpson, Lincoln; Mr. H. L. Jerrard, Honiton.

Bentley Prize, given by the Treasurer for the best report of Surgical cases,—Mr. Mitchell Henry, Manchester.

Collegiate Prize, given by the Treasurer.—Mr. Thomas Simpson.

Medicine.—Mr. Edward Hall, Newtown, North Wales; Mr. Joseph Eld. *Certificate*, Mr. G. J. Knight, Tilbury Fort.

Clinical Medicine.—Mr. E. Hall. *Certificates*, Mr. Thomas W. Crosse, Norwich; Mr. Joseph Eld.

Surgery.—Mr. Joseph Eld; Mr. Thomas W. Crosse; Mr. Horace B. Dobell, Cheltenham.

Anatomy.—(Senior class)—M. Joseph Eld. *Certificates*, Mr. Thomas Simpson; Mr. H. J. Waterland Thealby, Lincoln. (Junior class)—*Certificates*, Mr. H. Fessanges, Mauritius; Mr. Joseph German, Derby.

Physiology.—(Senior class)—Mr. J. Eld; Mr. Thomas Simpson. *Certificate*, Mr. H. J. Waterland Thealby.

Physiology.—(Junior Class)—Mr. F. C. Malden, Worcester. *Certificates*, Mr. S. W. Aldred, London; Mr. H. B. Dobell; Mr. Joseph Harvey Milford, Derbyshire; Mr. C. C. Piper, Guildford; Mr. H. M. Hoskyns, London.

Midwifery.—Mr. Joseph Eld; Mr. Gustavus Irwin Knight.

Practical Midwifery.—Mr. Charles F. Williams, Devonport. *Certificates*, Mr. James Hinton, London; Mr. J. B. Collyns, Dulverton; Mr. Thos. James, Louth; Mr. Ernest P. Williams, London.

Chemistry.—Mr. C. C. Piper; Mr. G. J. Thurston, London; Mr. Edward Kiott, Bromley; Mr. C. Drew, Oakhampton. *Certificate*, Mr. T. B. Knott, Greenacre Moor, Manchester.

Materia Medica.—Mr. A. D. Dunstan, Cornwall; Mr. T. B. Knott. *Certificate*, Mr. G. J. Thurston. Botany.—Mr. Joseph Eld; Mr. Joseph Harvey.

Medical Jurisprudence.—Mr. Edward Whately, Berkhamstead. *Certificate*, Mr. Thos. James.

LEEDS SCHOOL OF MEDICINE.

Distribution of Prizes, May 1st., 1846.

Chemistry—*Silver Medal*:—Mr. T. Scattergood. *Certificates*:—Mr. Bywater; Mr. Lewis.

Medicine—*Silver Medal*:—Mr. Elam. *Certificate*:—Mr. Geo. R. Schofield.

Midwifery—*Silver Medal*:—Mr. R. Farrer.

Surgery—*Certificate*:—Mr. W. R. Mackley.

MEDICAL INTELLIGENCE.

Dr. Cardew has been elected one of the Physicians of the Bath United Hospital, in the room of Dr. Bealey, resigned.

Mr. Shrimpton, who is attached to the Medical Staff of the French Army in Algeria, has lately received the decoration of the Legion of Honour from his Majesty the King of the French.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, on Friday, May 29, 1846:—E. W. Pritchard; S. Probyn; H. F. Smith; G. A. Jeffery; D. W. Stephens; J. W. Considine; P. J. Sandford; E. Sandford; H. Loney; C. F. Williams; A. Clark.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, May 21st:—Robert Smith Jeffs; Robert Nichol, India; Peter Thomas Gunning, Iron Acton, Bristol; Frederick Collins, Leyton; John Gathergood, St. John's, Lynn.

OBITUARY.

Died, May 8th, aged 53, Robert Collins, Esq., Surgeon, Chew-Magna.

May 21st, at Crindau, near Newport, Monmouthshire, W. Cousens, Esq., M.D.

Lately, in Paris, aged 79, Baron Barbier, Principal Surgeon, and Professor at the Val de Grâce, a Member of the Académie de Médecine.

March 19th, at Rio Janeiro, aged 28, Alexander G. Cumming, M.D.

BOOKS RECEIVED.

On Disorders of the Cerebral Circulation; and on the Connection between Affections of the Brain and Diseases of the Heart. By George Burrows, M.D., Fellow of the Royal College of Physicians, Physician and Lecturer on the Principles and Practice of Medicine, at St. Bartholomew's Hospital. London: Longman and Co. 1846. 8vo. pp. 220. Plates.

Manual of Operative Surgery, based on Normal and Pathological Anatomy. By J. F. Malgaigne, Professor Agrégé de la Faculté de Médecine de Paris, Chirurgien de l'Hôpital de Lourcine, &c., &c. Translated from the French by Frederick Brittan, A.B., M.D., M.R.C.S.L. London: Renshaw. 1845. p. 586. Wood-cuts.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The Anniversary Meeting of the Provincial Medical and Surgical Association, is appointed to take place at Norwich, on Wednesday, August 19th, and Thursday, August 20th.

TO CORRESPONDENTS.

Communications have been received from Dr. Belcombe; Dr. Thurnam.

The work mentioned by our correspondent has not been received.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

THE FOLLOWING ARE

THE PRINCIPAL OBJECTS
TO WHICH THE ATTENTION OF THE
PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION
IS DIRECTED.

1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmaries, or Dispensaries, or of private practice.

2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Wood-cuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.



REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been 454, and the Annual Premiums received thereon, £9,183. 5s., exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to £112,277 per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying £4,551 within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of £59,016. 18s. 10d. has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the long experience which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,

SECRETARY.

78, Great Russell Street, Bloomsbury, London.

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

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ADVERTISEMENTS.

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This day is published, royal 8vo., 7s.,

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THE Members of the Medical and Surgical Profession are respectfully informed, that the new **Styptic—MATICO**—may be procured in any quantity and every form, at **Thomas Keating's**, Chemist, 79, St. Paul's Churchyard. A Sample of the Plant, together with a copy of the Third Edition of "Remarks on the Efficacy of Matico as a Styptic and Astringent, with Cases, Modes of Exhibition, &c. &c., by **THOMAS JEFFREYS**, M.D., of Liverpool." may be obtained, postage free, in any part of the Kingdom, by sending a pre-paid order, enclosing eight penny postage stamps, addressed to "**Mr. Keating**, 79, St. Paul's Churchyard, London."

* See *London Medical Gazette*, of September 26, 1845, p. 962.

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PART I., price 4s. 6d., and PART II., price 7s., may be had separately.

"We are indebted to Mr. Addison for the discovery of an immense number of 'colourless globules' observable in the clear colourless fluid at the top of coagulating blood. In some blood taken in pleuritis I found the number of such 'globules' prodigious."—*Dr. Martin Barry, Paper in the Philosophical Transactions, Part I., 1842.*

"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scur latina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery: Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett, Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Soho.
Worcester: DEIGHTON, High Street.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

REPORT OF OBSTETRIC CASES OCCURRING IN PRIVATE PRACTICE.

By CHARLES EARLE, Esq., Surgeon, Cromer, Norfolk.

In one of the volumes of the "Transactions of the Provincial Medical and Surgical Association," there is a paper from Mr. Rose, of Swaffham, in this county, giving a statistical report of the cases which had occurred in his midwifery practice, classing them under their different forms, and stating their results. From having read this paper I have been induced to arrange the cases which have occurred in my practice; and as that practice embraces a period of forty-six years, and furnishes an aggregate of 4320 cases, I venture to lay the following tables before the Association, thinking that the perusal of them may not be uninteresting, nor entirely devoid of utility. I do not presume to claim any novelty in my practice, nor to make any commentary on its results, but simply to record the cases as they occur in my note book, and should the perusal of them afford any useful hint to the junior members of the obstetric art, I shall not consider the time I have bestowed in overlooking and arranging these cases as altogether thrown away.

I am aware that the tables are not so complete as they ought to be, as there is no notice taken of the sex of the children, or yet of the number of still-born children. When I commenced practice I had no idea that I should ever publish this statement, and was therefore not so particular on these points as to be able to give an accurate statement, I have therefore omitted them altogether. It may be proper to mention, that I have had two of my sons in practice with me; the eldest attended 819 of the cases, when death deprived me of him; my youngest son, who is now in practice with me, has attended 824 cases, making together 1643. The remaining 2677 came entirely under my own notice. I therefore consider the whole as constituting but one practice.

Of the 4320 cases recorded, there were of:—

Preternatural presentations . . .	178
Cases of hæmorrhage . . .	38
Laborious labours requiring the forceps . . .	32
Cases of convulsions . . .	8
Cases of twins . . .	53

Of the preternatural presentations,

The arm presented in . . .	30
The shoulder . . .	4
The legs or feet . . .	40
The breech . . .	41
The hip . . .	13

The chest . . .	2
The belly . . .	2
The side . . .	2
The ear . . .	2
The face . . .	4

Of the cases in which hæmorrhage occurred,

In which the placenta was attached to the os uteri completely, there were . . .	10
In which the attachment to the os uteri was only partial . . .	12
In which the hæmorrhage appeared to arise from partial separation high up in the uterus . . .	16

Many other cases of hæmorrhage have occurred, but as they were not of a nature to excite alarm, and several of them arising after delivery, I have not noticed them particularly.

The number of deaths which have taken place in the 4320 cases, are as follows:—

CASE 1.—Mrs. F—, aged 40. First child. Narrow pelvis; sacrum projecting inwards; the face was toward the pubis; labour very lingering; os dilated very slowly. After many hours waiting, the os uteri being fully dilated, I attempted to pass the forceps, but failing to apply them so as to lock them properly I desisted, and as I was but young in practice, I called in the aid of an old practitioner in the neighbourhood. He also endeavoured to apply the forceps, but could not succeed. He then determined upon turning the child, which, after considerable difficulty, he did, but unfortunately he omitted turning the face towards the hollow of the sacrum, the consequence was that the child's chin was hooked over the pubes, and after fruitlessly endeavouring for a long time to extricate it, he was obliged to open the head. Violent febrile symptoms came on, and in five days the patient died.

2. Mrs. T—, aged 34. Third child. In the last stage of dropsy, had a natural easy labour, but died exhausted at the end of a fortnight.

3. Mrs. P—, aged 38. Fifth child. Profuse hæmorrhage at her full period; found the placenta completely attached to the os uteri. As the patient appeared rapidly sinking I immediately introduced my hand through the mass of the placenta, and delivered the child without the least difficulty; for two hours it was doubtful if she would not die, but after that time she began to rally, and appeared to be going on as well as could be wished; being imprudently exposed to cold, she had sore-throat, and fever came on four days after delivery, and she sank on the ninth day.

4. Mrs. A—, aged 28. Had a very easy labour with her third child. She had a great quantity of gin given

her by a foolish old woman, at the same time the snow was permitted to cover the bed on which she lay. The result was fever, and death on the fourth day.

5. Mrs. F——, aged 42. Sixth child. Had been affected with general anasarca for more than twelve months. Had a quick easy labour, but died on the twelfth day.

6. Mrs. R——, aged 23. First child. In the last week of pregnancy was attacked with violent convulsions. I was not sent for till the following day, when I found her in a state of total insensibility; pulse strong; os uteri slightly dilated, but soft and yielding. Bled her largely, and finding the fits continually following each other, I passed my hand with very little difficulty, and delivered her; gave her large doses of hydrargyri chloridum, &c., but without any effect, as she remained insensible until the next day, when she died.

7. Mrs. L——, aged about 22. First child. Natural easy labour. On the third day she was attacked with violent diarrhoea, which resisted every means I could make use of, and she sank on the tenth day.

8. Mrs. W——, aged about 36, had had several children, generally tedious labours. I found the pains trifling, the head presenting above the brim of the pelvis; the os uteri but little dilated; during the night hæmorrhage came on, which kept increasing, until it became so profuse, that fearing she would sink under it, I determined to turn the child, as the forceps were quite out of the question. I succeeded in delivering the child with some difficulty, but she survived only about half an hour.

9. Mrs. J——, aged 24. Third child. Quick easy labour. Had been in a weak state of health for some time, occasioned by mental distress, arising from the loss of her husband, who was drowned in a tremendous gale of wind some months before. Puerperal fever came on soon after delivery, and she lived only two days.

10. Mrs. F——, aged 30. Third child. Delivered before I could reach the house, although only a short distance from mine. On the second day she was attacked with puerperal fever, which appeared to yield to the treatment made use of, but all the bad symptoms returned on the fourth day, and she died on the fifth.

11. Mrs. C——, aged 28. Fourth child. Subject to hepatic affection; easy natural labour; acute hepatitis came on with peritoneal inflammation. Bleeding, mercury, &c., failed to relieve the disease, and she died on the seventh day.

12. Mrs. G——, nearly 40 years old. First child. Immense loss of blood had taken place before I could reach her. I found the placenta seated immediately over the os uteri; and as she appeared dying, I immediately turned the child with great ease, but she was so exhausted with the hæmorrhage that she never rallied.

13. Mrs. J——, aged 21. First child. Natural labour of about six hours duration. In an hour after delivery strong convulsions came on. She died next day.

14. Mrs. A——, aged nearly 40. First child. Small pelvis, with slight deformity; labour very protracted; os uteri dilated very slowly. As soon as the dilatation was complete delivered her with the forceps. Severe peritonitis came on next day, and she died on the third day.

15. Mrs. H——, aged 30. Fourth child. Natural easy labour. In two or three days severe diarrhoea attacked her, from which she died on the eighth day.

16. Mrs. A——, aged 40. Eighth child. Quick easy labour. Collapse took place as soon as the child was born, and she died in two hours. There was something singular in this woman's case. When a girl, a fortune-teller, predicted that in her fortieth year she would have a child, but that she would never recover. Might not the depression of mind which this prediction occasioned have been the means of producing its fulfilment?

17. Mrs. A——, aged 21. First child. The labour began with moderate pains, gradually dilating the os uteri; after three or four hours violent convulsions came on. The pulse being full and strong, she was bled largely, but without relieving her; the head presented; but as the os uteri was not dilated so as to admit of the use of the forceps, the child was turned with very little trouble: still the fits kept constantly succeeding each other. Blisters and sinapisms were employed; mercurial purgatives were given and produced good alvine evacuations; but no relief. Opium and valerian with camphor were given, but no consciousness returned; and in this state she lived on until the beginning of the fifth day, when she died.

Thus, in the 4320 labours, 17 deaths occurred, averaging one in 255.

Fifty-three cases of twins have occurred:—

Both natural presentations	19
Both breech ditto	2
Both foot ditto	8
One head; one foot	12
One head; one arm	6
One head; one breech	3
One breech; one foot	2
One arm; one leg	1

Eleven cases of monstrosity or malformation are recorded.

CASE 1. The upper part of the cranial bones were wanting; the brain covered with integument; the head was quite flat; large protruding eyes; hare lip; the arms remarkably short, and very much resembling the fore legs of a quadruped. It lived about two hours.

2. An enormous hydrocephalus. Born dead.

3. All the abdominal viscera completely protruded, being only covered by the peritoneum. Born dead.

4. Large scrotal hernia; immense umbilical hernia. Lived three weeks.

5. The whole of the upper portion of the cranium without bone. Born dead.

6. A similar case to the above. Lived four hours.

7. Ditto. This child lived two days; and it is very remarkable that all three cases occurred to the same woman. Three other children which she has had are all of them well formed and healthy.

8. Large spina bifida. Lived one day.

9. Ditto. Born dead.

10. Large spina bifida; hydrocephalus. Born dead.

11. The upper portion of the bones of the head appeared as if they had been removed by the saw, the brain being covered only with a thin membrane, so that the convolutions of the brain could be distinctly seen. The child lived three days.

Many cases of adhesion of the placenta have occurred, in which it has been needful to introduce the

hand to remove it. In one or two instances several hours elapsed before it came away; and in one case the uterus contracted upon it so strongly that it was impossible to pass up the hand; but after remaining six days it came away, diminished considerably in size, but entire, and no bad symptoms occurred.

I have thus, as concisely as I could, given the result of a long practice, which I think will be admitted, has been a very successful one. I shall only observe that I have always had a great aversion to the use of instruments, and have never had resort to them, until I was convinced that Nature's efforts were unavailing. That the forceps are indispensable in many instances there can be no doubt, but I fear they are oftener used to save time to the accoucheur than they ought to be; and I am certain they are frequently productive of serious injury to the patient. I would therefore strongly impress upon the minds of the younger members of the profession, the propriety of patiently waiting and watching the efforts of nature, fully convinced that they will seldom have cause to regret having done so.

There is, I believe, still considerable difference of opinion amongst the members of the medical profession, as to the effects of ergot in protracted labour. I have made use of it in a great many instances, and I am satisfied that, but for it, I should have had to use the forceps much oftener than I have done. I have very little doubt but that this difference of opinion of the effects of ergot arises from the drug being over kept, as it very speedily becomes covered with mites. I have always found the powder most efficacious, either as assisting the expulsive efforts during labour, or in restraining hæmorrhage after the birth of the child. A scruple boiled for ten minutes and given every quarter of an hour, seldom fails after the third dose; if it does, I should not expect any benefit from its further use.

SANATORY REVIEW OF THE YEAR 1845, IN RELATION TO THE STATE OF THE PUBLIC HEALTH IN PARIS.

(Translated from the *Gazette Médicale de Paris*, for the *Provincial Medical and Surgical Journal*.)

(Continued from page 251.)

The annual and monthly numbers of the *admissions* have shewn the *frequency* and the *distribution* of disease in the course of the year. The relative variations in the dismissals afford an approximation to the varying duration of the diseases. The relative changes in the *mortality* will now give the varying degree of *severity*.

We are struck in the first place with the high proportion of the deaths—one in 11.97.* This must without doubt be especially attributed to neglect on the part of the sick, who generally do not decide upon entering an hospital until the disease has made sufficient progress to render them quite incapable of work, and frequently arrive there with constitutions impaired by misery and excess of every kind. But does residence

* The monthly proportions before indicated, vary between one in 16.4 and one in 30.6; they are calculated upon the total number of patients *actually* under treatment, and consequently the same patients are carried on through many successive months. Here, however, the proportion is taken as it ought to be, upon the number of patients in the Hospitals in the year,

in the hospital contribute nothing to this mortality. It would be an interesting and useful subject of research, to determine the different proportions of the mortality, all other circumstances being the same, in hospital establishments and in private practice. Such a work, the difficulties of which we would not disguise, might perhaps lead to more precise notions upon the effects of crowding and other conditions of unhealthiness.

The monthly proportion of deaths in the hospital arranged in a decreasing series, gives the following calendar:—

March, April, February, January, May, December, July, October, November, August, September, June.

We thus perceive—1. That the proportion of the deaths was greater in summer than in winter. [In winter than in summer?] 2. That it was greater at the end of winter and the commencement of spring, (February March, April,) than at the end of spring and the commencement of summer, (May, June, July.) 3. That though low in the course of summer, (August and September,) it becomes raised again in passing from summer to autumn, (October.) 4. That after having maintained nearly the same rate in November, it again rose towards the middle of winter, (December.)

Let us now compare these successive results with those which refer to the admissions and dismissals.

It will be observed, in the first place, that the month at the head of the scale of deaths, March, was far from being as heavy in admissions as the month of April, occupying however, in this respect, the second place; than the month of May occupying the fifth; and than the month of June placed at the lowest extremity of the scale. The month of February, which furnished the fewest admissions, is one of those affording the highest proportion of deaths. This observation is of special importance, as shewing that the rate of the mortality would form, as a general proposition, a faulty *criterion* of the medical constitution actually prevailing, and that it expresses only the effects of a constitution already passed, or at least the first influence of which dates from a time more or less distant. It will be readily comprehended that the severity of the diseases would add to the contingent mortality what the small number of the sick would take from it, but neither habitually, nor in particular in the year 1845, have the diseases observed in February and March, presented this character. It is therefore very probable that the cause of the increase of deaths in the months of February and March, must be sought in the increased admissions of January.

The comparison of the calendar of the deaths with that of the discharged leads to a curious result in another respect. These two calendars, with some exceptions, may be said to progress in opposite directions. The calendar of the deaths finishes where that of the discharged commences, and if the former does not commence where the latter ends, the inversion at least takes place in four months out of six. In other words, of the six months comprised in the *first* section of the calendar of the dismissals, four are found in the second section of the calendar of the deaths; and reciprocally of the six months of the *second* section of the former calendar, four are comprised in the first section of the latter, which is as much as to say, that in general the number of the deaths was in an inverse ratio to the number of the discharged.

If this be so,—if the number of the dismissals may serve like that of the deaths to appreciate the severity of disease, it will be seen that these results corroborate those which the study of the numbers of the discharged has already afforded, relative to the duration of the diseases. In effect there is a correspondence between the statistical data relative to the duration, and the data relative to the severity of diseases. A great number of patients are admitted in January; many do not go out until April; the conclusion has hence been drawn that the mean duration of the diseases furnished by the month of January, was considerable. But in the two intermediate months, that is to say, in February and March, the *proportion* of deaths is large; the affections were therefore severe; and thus severity attends length of duration, as indeed generally happens. In May, when many patients were admitted, the *proportion* of the discharged remains nearly the same as in April. Instead of increasing it slightly decreases, which is a sign of a certain degree of severity, but less than in the preceding cases. In June the *proportion* of the discharged rises all at once, even to a degree that is not easily explained by the number of admissions during the months of March and April. It was therefore, in a great measure, supplied by the patients admitted in May, or at the beginning of the month of June, and the mean duration of the diseases was consequently rather short. Now precisely in May the proportion of deaths is less than in February, March, and April; and in June it is much less than in May, so that June occupies the bottom of the scale. The severity therefore of the diseases brought into the dismissals in May, and received for the most part in April, is less than that of the diseases brought into the dismissals of April, and received for the most part in January. In the same manner the severity of the diseases brought into the dismissals of June, and received for the most part in May, is still less than those brought into the dismissals of May. Finally, the large number of admissions in June is not sensibly felt in the dismissals until August; and we have thence concluded that the reigning diseases of June were of rather long duration; and the proportion of the deaths in the month intervening between the admissions and the dismissals reveals a certain degree of severity in the diseases;—that is to say, that everywhere the degree of the severity of the diseases rises or falls with their mean duration.

(To be continued.)

CASE OF DIABETES, WITH OBSERVATIONS.

By H. S. BELCOMBE, M.D.,

Membre de l'Institut Historique à Paris, Senior Physician to the County Hospital, and Physician to the Retreat, York.

W. S., aged 50, an upholsterer, a man of very quiet industrious habits, requested my advice, February 15th, 1846. He complained that he had for six months back felt very weak, but as his appetite was good, he thought it could only arise from the pressure of business; presently, however, he became aware that he was very thirsty, and was constantly seeking cooling beverages. The great quantity of water he was now passing did not arrest his attention, as he attributed it to a natural consequence of the fluid taken. Feeling,

however, that he was becoming weaker, with a dry tongue, ceaseless thirst, dry and hot skin, he thought it best to apply for advice. I found him, as I expected from his preface, labouring under well marked symptoms of diabetes mellitus: these were uneasiness, restlessness, disturbed digestion, loaded tongue, thirst, dry hot skin, &c., risings from the stomach of a sour fluid, and a sense of constriction and of burning heat at the scrobiculus cordis. The pulse was quick, small, and irritable. The urine, of which between four and five quarts were passed in the twelve hours of the day, was limpid, of a pale greenish straw colour, of a peculiar hay-like odour, and of a very sweet taste. All the tests usually employed gave the corresponding character, and I am here happy to acknowledge the value of Mr. Moore's test, which I had previously doubted. On obtaining some very pure liquor potassæ, and subjecting the urine to its influence, under the spirit lamp, the melaassic acid was produced; and I am bound to say I consider it a very valuable test, though perhaps inferior to the sulphuric acid, which is very quick and decisive.

The case was sufficiently unpromising. Under the use of opiates, however, he recovered for six weeks surprisingly; the urine was reduced to two quarts in the twelve hours, but never lost its distinctive character; the quantity passed at night was also considerable, perhaps equal, but he always forgot to measure it. Being obliged to take some purgative medicine, the whole train of symptoms returned, nor were they again relieved; the hectic fever increased considerably, perspiration now appearing, and the quantity of water passed, *pro tanto*, diminished, but no other mitigation. Finally, he expired somewhat suddenly about three weeks back, in a state, as the practitioners called to him informed me, bordering upon apoplexy. No examination took place.

Dr. Thomas Willis is, I believe, the first English physician who has written explicitly upon this disease; and though his theory of its cause will be now rejected, yet his account of the symptoms leaves nothing to add. He relates a case, where, after considerable time and suffering, the patient was cured by "water of slaked lime." Dr. Mead afterwards stated that "alum whey was a cure for diabetes;" and in these days we all know how much is trusted to diet, however various the remedies that medical men favour. It is not my intention to pass these under review, but rather to make a few observations on the effect of diet. In regard to the hectic fever that accompanies the later periods of the disease, I think it a beautiful elucidation of John Hunter's doctrine,—"*Hectic fever is an habitual universal sympathy of the constitution, struggling with a disease it is unable to overcome.*"

Gay Lussac and Thenard have laid down the following three laws, with regard to vegetable substances:—

1. If the oxygen and hydrogen exist in the exact proportion necessary to form water, the vegetable substance is neither acid nor resinous, but it is sugar, honey, manna, starch, gum, lignin, or some such body.

2. If the oxygen be to the hydrogen in a proportion greater than is necessary to form water, the substance is a vegetable acid.

3. If the hydrogen be to the oxygen in a proportion greater than is necessary to form water, the substance is oil, resin, wax, alcohol, ether.

So that sugar, starch, gum, &c., may be considered as composed of carbon and water only; vegetable acids, as composed of carbon, water, and oxygen; oils, resins, &c., as composed of carbon, water, and hydrogen. Now, as the great bulk of vegetable food consumed consists of starch, or gum, or sugar, it is not at all improbable, that from an imperfect, or deficient assimilation in the stomach, or even from no assimilation having taken place, a morbid process may convert such substances into sugar; hence the rationale of an animalized diet among the means of cure.

The pathology of the disease is still very obscure, but the following facts may be mentioned as evidently connected with it, and as indicating that the original disease is not in the kidney.

1. *Its morbid anatomy.*—Dr. Prout states, “the most constant diseased appearances I have noticed after death, in diabetical individuals, have been rather of a medico-chemical nature than strictly organic; and, generally speaking, hypertrophy of the kidney has been principally the morbid appearance exhibited in it; also it has been found as frequently complicated with organic disease of the lungs, liver, and lymphatic system.”

2. *The chemical relation between urea and sugar.*—This remarkable relation seems to afford much explanation of the phenomena of diabetes, and to prove that it consists in a depraved secretion of urea. Thus, urea and sugar contain exactly the same quantity of hydrogen, while the quantity of carbon and oxygen in sugar is twice that of those substances in urea; a morbid change therefore takes place in the composition of urea, and instead of its being eliminated from the system, as healthy function demands, sugar takes its place.

The morbid phenomena of diabetes may be considered to consist in a depraved condition of the assimilatory processes by which the aliment is converted into the nature of our body.

The deductions are,—that it is a highly dangerous complaint, and that when formed, it shews a very depraved condition of organic life;—that the mode of treatment should be regular and systematic, not depending too much upon diet in the way of regimen, or upon chemical combinations as regards medical means, but on the steady endeavour for the re-establishment of the vital powers.

The sympathetic and splanchnic nerves have been found enlarged; and this is not surprising when we remember how the nerves are concerned in secretion.

ON AMORPHOUS QUININE AS IT EXISTS IN THE SUBSTANCE KNOWN IN COMMERCE AS QUINOIDINE.

By BARON LIEBIG.

In the preparation of sulphate of quinine, after all the crystals which can be obtained are separated, a dark-coloured mother-liquor remains, having an extremely bitter taste. On the addition of an alkaline carbonate, this liquid loses its colour and bitter taste, depositing, at the same time, a yellowish-white, or brownish precipitate, which, after being rinsed with water, and exposed to a gentle heat, agglutinates into a coherent mass, exhibiting the appearance of resin.

From the experiments of Sertuerner, Thiele, Bucholz junior, Koch, and other chemists, it has been long known that this resinous substance possesses the properties of a base, that it neutralizes acids perfectly; but the salts which are formed by these combinations with acids, have baffled all attempts at crystallization.

Sertuerner, who was the first chemist to separate this resinous substance from the mother-liquor of sulphate of quinine, considered it to be a distinct and peculiar organic base, existing in yellow and red cinchona barks, associated with quinine and cinchonine. He assigned to this, as he supposed, new substance, the name quinoidine, and greatly extolled its medicinal efficacy, in which he declared it was in all respects equal to quinine. In his journal (*Ueber die neueste Fortschritte in der Chemie, Physik und Heilkunde*, Bd. iii., No. 2, page 269,) he terms it “a true fever-destroyer.”

Subsequently, this substance, under the term quinoidine, has been employed medicinally in many places, and even introduced into the list of commercial articles or price-currents of many of the druggists of Germany.

In certain mother-liquors of quinine left in the preparation of the sulphate, which were analyzed by Henry and Delondre, and also a sample of quinoidine examined by Geiger, these able chemists discovered an amount of quinine and cinchonine, accompanied by a resinous substance, which they considered impeded the crystallization of the sulphates of the two bases, and which in their experiments they failed to separate. The results obtained by these chemists, and the inferences obviously deducible from these results, rendered it indubitable that the medicinal efficacy of quinoidine must vary according to the greater or less proportion of quinine it may happen to contain. Now, there cannot be a doubt but that this uncertainty with respect to the relative amount of quinine in commercial quinoidine, has prevented many physicians from prescribing the latter as a remedy, notwithstanding the testimony borne to its efficacy.

Having occasion, some time since, to pass through Coblenz, I procured from Messrs. Jobst and Co., of that town, a sample of quinoidine, for the purpose of employing it for the preparation of quinoleine—a substance discovered by Gerhardt to result from the transformation of quinine, and to which much scientific interest attaches, in consequence of the recent discovery of Professor A. W. Hofmann, that quinoleine is identical with leucol, a body which is one of the components of the essential oil of tar, prepared from anthracite coal. It then occurred to me, that if the sample of quinoidine which I had procured contained quinine, it must yield a corresponding amount of quinoleine, and that, consequently, a very simple method of testing quinoidine for the amount of quinine it may contain, might be based upon this property of quinine to be transformed into quinoleine.

On subjecting the sample I had obtained, (which amounted to several ounces,) to distillation with strong potash ley, I confess I was surprised at the large amount of quinoleine produced, which proved the presence of a far larger proportion of quinine than could have been anticipated. This unexpected result induced me to subject quinoidine to a stricter examination; and in order to avoid being misled by accidental circumstances, I procured, beside the Coblenz

sample, specimens from Messrs. Hess, Leissler and Fiedler, of Mayence, and from Messrs. Mettenheimer and Simon, at Frankfort, and also from a druggist, at Hamburg.

These various samples of quinoidine I received partly in irregularly-shaped masses, and partly as square cakes of a darker or lighter brown colour, which, by the warmth of the hand, became soft and flexible, but were readily pulverizable in the cold. The operation of powdering it imparted to it an extraordinary degree of elasticity. All these samples were completely insoluble in cold water, but scantily soluble in hot water, imparting to the latter a strongly bitter taste. I may here however observe, in passing, that some commercial specimens which I have since seen are soluble in cold water, arising from a considerable admixture of other substances; differing also, from the same cause, in many of the following properties:—

All the first samples I speak of dissolved in alcohol, in the proportion of one part to two of the menstruum; and from this alcoholic solution, water precipitates copious, yellowish-white, resinous flakes, which cohere into a mass like the original quinoidine. Dilute mineral acids, as well as most of the organic acids, dissolved my samples entirely, and by adding a sufficient amount of the substance, became completely neutralised. From these solutions in acids, ammonia and alkaline carbonates precipitated resinous flakes. On agitating the fluid containing these flakes and the flocculent precipitate with an equal volume of ether, the precipitate dissolves in the ether, *with the exception of a dark-brown residue*. On evaporating the ether, a resinous mass is obtained, having all the properties of an organic alkaloid.

Its salts are precipitated by tannic acid. Chloride of platinum produces in its solution in hydrochloric acid a yellow precipitate. Moreover, it dissolves completely in a solution of sulphate of copper with the separation of oxide of copper. Now there exists no resin, nor, indeed, any other substance similar to resin, which possesses this peculiar property.

These observations can leave no doubt whatever as to the chemical character of a considerable proportion of the residue to which the term quinoidine has been applied—namely, that it is a true organic base.

On subjecting the purified substance to elementary analysis, the following were the results:—

1st.—From the quinoidine of Mayence, 0.490 grammes yielded 1.3204 grammes of carbonic acid, and 0.3395 grammes of water.

2nd.—From the quinoidine of Frankfort, 0.618 grammes yielded 1.6575 grammes of carbonic acid, and 0.4250 grammes of water.

3rd.—From the quinoidine of Coblenz, 0.3475 grammes yielded 0.9475 grammes of carbonic acid, and 0.2375 grammes of water.

According to these analyses, this substance contains

	i.	ii.	iii.
Carbon . . .	73.49 . . .	73.14 . . .	74.33*
Hydrogen . . .	7.69 . . .	7.64 . . .	7.57

The determination of the nitrogen, by the method of Verretrapp and Will, yielded the following results:—

0.515	afforded	0.289	of platinum.
0.617	„	0.401	„

* Carbon—75, according to Prout and Dumas,

And, consequently, the substance under examination contains according to the first analysis, 8.04 of nitrogen; according to the second 9.54 of nitrogen,—the medium of the two analyses giving us as its amount of nitrogen, 8.79.

ANALYSES OF THE CHLORIDE OF PLATINUM AND THE BASE FROM QUINOIDINE, (AMORPHOUS QUININE.)

I.—0.6663 grammes of the double salt yielded 0.1755 of platinum; 0.8700 grammes of the double salt yielded 1.849 carbonic acid, and 0.303 of water.

II.—0.881 grammes of double salt yielded 0.224 of platinum.

III.—1.0668 grammes of double salt yielded 0.2715 of platinum.

From these analyses, therefore, the following are the proportions of carbon, hydrogen, and platinum, which exists in 100 parts of the chloride of platinum, and the substance derived from quinoidine:—

	i.	ii.	iii.
Carbon . .	32.44		
Hydrogen .	3.86		
Platinum .	26.33 . . .	26.32 . . .	26.45

Now, if we compare the proportion of carbon, hydrogen, and platinum, existing in the chloride of platinum and this base, derived from quinoidine, with the amount of the same elements present in the corresponding chloride of platinum and quinine; and, further, the amount of carbon, hydrogen, and nitrogen contained in the substance under examination, with the proportion of the same elements as they exist in quinine; we perceive at once that the two substances have identically the same composition.

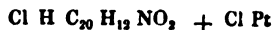
Quinine, according to the formula,



contains—

Carbon, 74.33; hydrogen, 7.75; nitrogen, 8.62.

Chloride of platinum and quinine, according to the formula,



contains—

Carbon, 32.38; hydrogen, 3.53; platinum, 26.83.

The inference from these experiments, then, is irresistible: the uncrystalline substance derived from quinoidine bears exactly the same relation to ordinary quinine that uncrystalline sugar (barley-sugar) bears to crystalline, (sugar-candy.) Both yield the same products of decomposition; both have the same atomic weight, and identically the same composition; they differ only in form: in one word, the one is crystalline, the other *amorphous*.

I deem this to be an important discovery, when we consider the high price of quinine, the possibility of a check to the supply of cinchona bark from the countries producing it, and the amount of the crude quinoidine which has accumulated since the manufacture of sulphate of quinine was commenced. Quinine, indeed, seems to be absolutely indispensable for the treatment of diseases; the progress of civilization in modern times has depended, far more than has been conceived, upon the discovery of a remedy for the fevers which prevail where tillage is imperfect, and in new and unbroken soils.

This chemical investigation has thrown an interesting light upon the testimonies borne to the efficacy of

quinoidine in the treatment of fever, and the highest emconiums have been passed upon it; but the commercial specimens have differed very much in value; while some have consisted nearly altogether of amorphous quinine, others have contained only a small per centage.

It is necessary that the amorphous quinine should be separated from all admixtures and impurities, and prescribed in its pure state. There can be no doubt but the same substance will produce the same effect on the animal organism, whether exhibited in a crystalline or an amorphous state. The system, as we may say, makes no difference in such a case. As I have already observed, the mystery about quinoidine is completely solved by the discovery, that it usually contains a very large per centage of pure quinine in an amorphous state.

In a commercial point of view, it is certainly a matter of great importance that we should be able to judge by the mere external appearance of a remedy, of its purity; and consequently, how far we may rely upon its efficacy. This is thought to be the case with the crystalline sulphate of quinine, whilst the non-crystalline form of quinoidine has probably led to a disregard of the evidence for its usefulness, even more than the fact of its being, as usually sold, an admixture of various substances. But with respect to the mere amorphous form, when the quinine is separated from all its adhering impurities, it is in the same case with opium, castor, and many more of the most efficient remedies which we possess, particularly with the extracts of our pharmacopœias. It is necessary to be assured of their purity before we employ them, but their amorphous form does not prevent their use. In many of these cases, indeed, having no direct or ready way of testing them, we rely solely upon the honourable character of the merchant and dealer; but we have a completely satisfactory test for the purity of amorphous quinine. Few medicinal agents afford so ready a means of distinguishing them, and detecting admixtures, as the organic alkaloids; but if these tests are not employed, it is as easy to be deceived in purchasing crystalline sulphate of quinine, as the amorphous.

Amorphous quinine is completely soluble in dilute sulphuric acid, and in alcohol, as I have said above; it is also completely soluble in a solution of sulphate of copper, with separation of oxide of copper. And if its solution in a dilute acid yields, upon precipitation by means of ammonia, exactly the same amount of precipitate as the weight of the substance originally dissolved in the acid, there can be no doubt remaining as to the perfect purity of the sample under examination.

It only remains for me to observe, that no dependence should be placed upon the ordinary quinoidine of commerce. As I have already stated, some samples which I have seen, dissolve incompletely in water, forming a dark-brown muddy fluid; these have been probably produced by simply evaporating the mother-liquors of sulphate of quinine to dryness. They are, therefore, uncertain mixtures of various substances with sulphate of amorphous quinine, with or without excess of acid, so that in purchasing such specimens, the buyer is paying the price of an organic alkaloid for sulphuric acid, &c. The pure amorphous quinine should be

separated, and it would then form a most valuable remedial agent; but the prescriber must be assured of its purity, and the test I have given will suffice for this purpose.—*Lancet*.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, JUNE 10, 1846.

The facility with which arsenic, hydrocyanic acid, and other powerful poisonous agents, can be obtained for criminal purposes, and the frequent use made of them of late for the destruction in particular of infants, and young children, loudly call for some legislative check on the indiscriminate sale of all substances which are capable, in small quantities, of producing death. Considerable sensation was excited some time ago by the poisoning of several children in the county of Chester, with the view of obtaining the allowance from a burial club; and a similar instance has been detected within the last month at Runcorn, in the same county. In this latter case the lives of two children were sacrificed, and that of a third attempted, and it was only through the intelligence and vigilance of the medical attendant called in to the third child that the discovery took place. The late distressing case which has been brought to light in the county of Norfolk, where several children of a family were poisoned by arsenic, whether taken accidentally, or administered by design, is not clearly made out, is another instance; Mr. Taylor also relates a case in the Guy's Hospital Reports for October last, occurring in Berks, where a young boy was in this manner murdered by his father, and others have been recorded elsewhere.

It is important to observe, that in all the cases referred to, either the detection of the poisoning has taken place, and its nature been established by chemical examination, at periods of varying duration after interment, or the repetition of the crime has led to suspicion, and ultimately to the detection of its having been committed in preceding cases. How many may have occurred, therefore, which have escaped detection altogether, it is impossible to say, though we would fain hope, that the instinctive affection of the parent towards the offspring, in the absence of higher moral feeling, must have operated as a check to any very extensive prevalence of this enormity.

Arsenic, opium, and hydrocyanic acid, seem to be the chief poisonous agents by which fatal effects are either accidentally or designedly induced. The last of these is most commonly employed by adults, with suicidal intention. The various preparations of opium, and especially the whole tribe of soothing syrups, and other

empirical nostrums, are fearfully destructive of infant life, though generally perhaps administered with no evil intent, but rather for the purpose of allaying irritability and pain, and producing sleep. Arsenic of late seems to be the selected means for the perpetration of the crime of murder, and its late employment on the persons of helpless and unsuspecting infants, for the base purpose of obtaining a paltry pittance, allowed by Benefit and Burial Societies, is an atrocity which the practices of the ignorant savage, who from superstition or various motives, leaves his offspring to perish, can scarcely parallel. Yet is this atrocity perpetrated in the midst of a civilized country, and in a civilized age, and by individuals to whom the privileges of religious and moral instruction are available. Surely then, when through criminal design, or through carelessness, neglect, or even mistaken intention, such fatal consequences are of frequent occurrence, some check on the sale of poisonous substances is imperatively demanded; and we cannot but think that a portion at least of the responsibility of an evil of such magnitude must rest with those who have the power to impose such a check, but neglect to exert it.

Scrofula; its Nature, its Causes, its Prevalence, and the Principles of Treatment. By BENJAMIN PHILLIPS, F.R.S., Assistant Surgeon to the Westminster Hospital. London: 1846. 8vo. pp. 379.

The great prevalence, in some or other of its forms, of the disease which forms the subject of this work, renders any treatise upon it founded upon new or original investigations of deep and general interest. Amid the mass of valuable matter daily accumulating in various branches of medical knowledge, much is occasionally lost sight of, while much also that is of questionable import is liable to become incorporated in systematic works, or in monographs on particular subjects. No more acceptable service can be rendered to the student or practitioner of medicine in the present day than the collecting together, examining anew, and sifting of the accumulated stores of previous inquirers; and to apply this observation to the work before us, it cannot fail to be remarked, that while instituting further researches into disputed or doubtful points, and bringing to bear a considerable amount of personal experience on the nature, causes, prevalence, and treatment of scrofula, Mr. Phillips has contributed much to the detection of serious errors, which from time to time had crept in and received the sanction of high authorities. A rapid glance through the pages of his treatise is sufficient to show that many of our received notions, adopted either from general experience, or on the authority of individual observers, require modification; and when it is stated that the author questions, and on no light grounds, the characters

usually assigned to the scrofulous constitution; the identity of scrofula and tubercle; the greater prevalence of scrofula in this country over other countries; the high rate of mortality from scrofulous affections in towns, as compared with rural districts; the great and indeed exclusive operation of hereditary influence, recently so strongly advocated; and lastly, the efficiency of several remedies of high repute in the treatment of the disease, it will be seen that no small amount of close research has been bestowed on the subject.

We cannot undertake to go through the statements of the author on each of these points, but we must observe, that where susceptible of it they are based upon statistical data obtained from various parts of the kingdom, and from foreign countries; from agricultural, mining, and manufacturing districts; from town and rural populations, and carefully calculated and compared. The documents on which they are founded are given in an appendix, by which others who have time and inclination for the task, may test for themselves the conclusions arrived at. The following statement on hereditary transmission as a cause of scrofula, while it exhibits the mode of investigation pursued by the author, is of great and general interest:—

“The means which I have taken to acquire accurate data as to the extent to which hereditary causes operate, in the propagation of scrofula, are the following:—I examined myself, and procured to be examined by others, in the metropolitan, the factory, and in rural districts, upwards of 2000 families, each consisting of from three to five children, and living, as nearly as may be, under similar circumstances. In one portion of the cases, both parents were apparently free from scrofulous taint; in another portion there was reason to think that both parents were tainted; in another, that the father was tainted; and in another the mother. The number of families examined was 2023; the number of children was 7587; and the number bearing such marks of scrofula as I have already indicated, was 1738, or nearly 23 per cent. In 506 instances, derived from many localities, and under the most varied circumstances, both parents were apparently untainted, and their offspring amounted to 2021. Of these, 421, or something less than 21 per cent., presented marks of scrofula. In 276 instances there was reason to think that both parents laboured under scrofulous taint; their offspring amounted to 1092 children; of these, 271, or nearly 25 per cent., bore the ordinary marks of scrofula. In 589 instances the father carried about him marks of having suffered from scrofula, whilst the mother was free from them; their children amounted to 2107: those having marks of scrofula to 483, or nearly 23 per cent. In 652 instances the mother bore upon her person the marks of scrofula, whilst the father did not; their children amounted to 2367; and of these, 563, or nearly 24 per cent., presented marks of scrofula. * * * *

“It will be observed, that although an hereditary influence must be admitted to be present, and is apparent in each class; yet at its maximum, the influence does not appear to be quite 4 per cent. It

would seem that the influence of a scrofulous mother upon the offspring is greater than that of a scrofulous father."

Mr. Phillips does not regard these results as an accurate representation of the influence of scrofula when existing in the parent to reproduce itself in the child, but says, that they are the only approach he knows of to a reasonable amount of evidence to enable us to judge how far it is probable that scrofula in the parent will reproduce itself in the child. The influence is probably greater than what is here deduced, but the mode of investigation followed by Mr. Phillips, appears far better calculated to lead to a reasonable approximation to the truth than the loose and unsatisfactory method adopted by Lugol, which, indeed, if carried out on his principles, could tend to no other conclusion than that scrofula is an universal taint, or rather indispensable condition, of the animal system, the external manifestation of which is to all appearance arbitrary, or at least governed by no intelligible principles.

In the same manner other causes presumed to exercise an influence in the development of scrofula, are investigated, and with results which would probably be scarcely anticipated by many even of those who have been accustomed to pay attention to the subject. It is thus shewn that many of the received opinions respecting the influence of climate, temperature, and humidity, of want of light, of particular occupations, and various social conditions, of density of population, and of many other alleged causes of scrofula, require considerable modification; that some of these presumed causes are altogether inoperative, and that others act only in inducing a general impaired state of the constitution.

There is one source of fallacy, however, in the mode of estimating the prevalence of scrofulous affections, which seems to have escaped the author, and which to a certain extent will vitiate a portion of the conclusions at which he has arrived. Mr. Phillips appears to take the rate of mortality from scrofula, as an indication of the prevalence of this affection, whereas it is rather to be taken as an indication of its severity. Where the mortality is considerable, the disease is probably severe; but it by no means follows that it is also extensively prevalent; and on the other hand there may be considerable prevalence of the milder forms, with little or no tendency to fatal termination. It will hence be seen that the registration returns, though affording valuable data for the solution of one part of the question, throw but little light on the effect of general causes, in the production of scrofula. Such of Mr. Phillips's conclusions therefore on the effect of crowding of the population, cold, humidity, &c., in the generation of scrofula, as are derived from a consideration of the Registrar General's reports, require further investigation

before they can be admitted to be correct. A densely crowded locality for example, may present a smaller rate of mortality from scrofula than a more open one,—first, because the scrofulous subjects of such a locality may be more exposed to other sources of fatal disease under which the returns of death will be made; and secondly, because when scrofula attacks persons in localities favourably situated with respect to the general health, it may fairly be presumed that the predisposition is strong in such individuals, and its effects therefore manifested with corresponding severity.

We shall defer the conclusion of this notice to a future occasion.

ROYAL SOCIETY.

Papers on the following subjects connected with Physiology have lately been read at meetings of the Royal Society:—

ON THE SUPRA-RENAL, THYMUS, AND THYROID BODIES.

By John Goodsir, Esq. (Communicated by Richard Owen, Esq., F.R.S., &c.)

In this paper, the author enters on the development of the theory he advanced two years ago with regard to the origin and nature of the supra-renal, thymus and thyroid bodies, and the correctness of which, with certain modifications, he has been enabled to confirm by subsequent observation and reflection. His hypothesis was that the three organs in question are the remains of the blastodermis; the thyroid being the development of a portion of the original cellular substance of the germinal membrane, grouped around the two branches of the omphalo-mesenteric vein; the supra-renal capsules, the developments of other portions grouped around the omphalo-mesenteric arteries; and the thymus, the development of the intermediate portion of the membrane arranged along the sides of the embryonic visceral cavity. He has since ascertained, however, that the thyroid body derives its origin in a portion of the included *membrana intermedia* remaining in connection with anastomosing vessels between the first and second aortic arches, or carotid and subclavian vessels. He considers these organs as essentially similar in their structure, as well as in their origin, in continuous portions of the blastodermis situated along each side of the spine, and extending from the Wolfian bodies to the base of the cranium; the development of the supra-renal capsules having relation to the omphalo-mesenteric vessels; the thymus to the jugular and cardinal veins and ductus Cuvieri; and the thyroid gland, to the anastomosing branches of the first and second aortic arches. The functions of these organs he regards as being analogous to those of the blastodermis; with this difference, however, that as the blastodermis not only elaborates nourishment for the embryo, but absorbs it also from without,—that is, from the yolk,—the developed organs only elaborate the matter which has already been absorbed by the other parts, and is now circulating in the vessels of the more perfect individual.

ON THE SECRETORY APPARATUS AND FUNCTION OF THE LIVER.

By C. Handfield Jones, M.D. (Communicated by Sir Benjamin C. Brodie, Bart., F.R.S.)

The author is led by his researches into the minute structure of the liver, to results which confirm the views of Mr. Bowman, in opposition to those of Mr. Kierman on this subject; and particularly with regard to the absence of real tubercular ducts from the interior of the lobules. He concludes that the secreting process commences in the rows of epithelial cells surrounding the central axis of the lobule, and that the fluid there secreted is transmitted to the cells forming the margin of the lobule, where it is further elaborated, and, by the bursting of these cells, is conveyed into the cavity of the surrounding duct. A few diagrams are annexed, illustrative of the descriptions of microscopic structure given in the paper.

ON THE MECHANISM OF RESPIRATION.

By Francis Sibson, Esq. (Communicated by Thomas Bell, Esq., F.R.S.)

This paper is almost entirely occupied with anatomical details, collected from an extensive series of dissections of the muscles and bones concerned in the act of respiration in man and the lower animals, for the purpose of elucidating the mechanism of their action, both in inspiration and in expiration; accompanied by a great number of illustrative diagrams and drawings. The author commences with the serpent tribes, which present the simplest form of ribs, being attached only at their vertebral ends, while their anterior ends are free. When these ribs are brought forwards by the action of the levatores costarum and external intercostal muscles, the chest is expanded; and when drawn backwards by the long depressors, internal intercostals, and transversales, expiration is effected. In birds there are added to the former apparatus a sternum, and a series of sternal ribs, the respiratory movements of which are performed in directions the reverse of those of the vertebral ribs. During inspiration, the angles between the vertebral and sternal ribs become more open, the sternum moves forwards, and the spinal column slightly backwards, by the combined action of the scaleni and sterno-costal muscles on the first vertebral and first sternal ribs respectively, of the levatores costarum and external intercostals on all the lower vertebral ribs, and of the sternal intercostals on all the lower sternal ribs. On expiration these movements are reversed by the action of the internal intercostals, the external and internal oblique, recti, transversales, and other muscles. The mechanism in the mammalia is further assisted and modified by the addition of a large and powerful diaphragm. The thoracic ribs are articulated with the sternum by the medium of cartilages corresponding to the sternal ribs of birds: those ribs which are connected with the inferior curve of the dorsal arch have floating cartilages, and may be considered as a diaphragmatic set of ribs. When raised the former approach each other, and the latter recede from each other anteriorly. Intermediate to these are the longer ribs connected with the dorsal arch, having their cartilages united, and articulated with the lower end of the sternum. The scaleni muscles invariably act during the whole time of inspiration. The external intercostals between the thoracic ribs are also throughout inspiratory; but those portions which are

situated between their cartilages are expiratory; and those between the diaphragmatic ribs are inspiratory behind, expiratory to the side and in front, and inspiratory between their cartilages. Between the intermediate ribs they are for the most part slightly inspiratory between the ribs, and expiratory in front between the cartilages. The external intercostals of the thoracic ribs are expiratory behind and inspiratory in front, if the ribs approach these, and are inspiratory between their costal cartilages. Between the diaphragmatic and intermediate set of ribs, and between their cartilages they are throughout expiratory. The levatores costarum draw the posterior portion of the lower ribs backwards. In the ass and the dog, the upper fasciculi of the serratus magnus are expiratory, the lower inspiratory, and the intermediate neutral. In man, the greater part of the fasciculi of this muscle is expiratory. In the ass, the lower fibres of the serratus posticus inferior are inspiratory, and the upper fibres expiratory. In the dog and in man, all are throughout expiratory. —*Annals of Natural History.*

BIRMINGHAM PATHOLOGICAL SOCIETY.

May 2nd, 1846.

JOHN SIMONS, Esq., in the Chair.

Dr. Fletcher brought before the Society the patient, William Martin, whose case was read at the last meeting of the Society. He was in every respect progressing favourably.

CARCINOMA OF THE LIVER: CARCINOMATOUS TUMOUR.

Mr. James Russell exhibited specimens of carcinoma of the liver, and a carcinomatous tumour from the pelvis, attached to the lower portion of the sigmoid flexure of the colon, just at the commencement of the rectum, of the same patient, and gave the following particulars of the case.

Mrs. Gittins, aged 42. She was a slight made woman, of nervous temperament; her health not very strong, yet without any definite complaint; the mother of several children, one of them about 16. She was confined December 4th, had a very tardy recovery, and her health remained much impaired at the beginning of February. She was greatly emaciated; face pale and sallow; had diarrhoea, and complained of great debility; great thirst; no local symptoms; urine contained a trace of albumen. Tonics were given. Towards the end of the month she complained much of painful burning heat in the left lumbar region, and about the upper part of the left thigh and hip. The lungs seemed healthy. A large circular mass was discovered in the region of the liver; free from tenderness; the abdomen loose; emaciation profuse; she took no food; her motions continued natural; and a few days before her death her skin became jaundiced. She did not present any other marked symptoms, and died April 12th.

Section cadaveris, twenty-four hours after death.—The surfaces of the body were jaundiced; extreme emaciation; lungs and heart healthy; a small quantity of fluid in the pericardium, tinged with bile. The liver enormously enlarged, extending high into the chest, and almost to the ilium below, quite full of nodules of cancer to the size of a pea; one or two of the small ones were fluid in their contents; the others

were tolerably firm, of a whitish yellow, with matter of a deeper yellow in the interior, having an arborescent arrangement, as though in the lobules of the liver; the nodules were contracted towards their centre; surface of the liver healthy and free from any adhesions, and the parts of the organ intermediate between the masses seemed healthy. The other viscera were quite healthy, except that at the sigmoid flexure of the colon there was a large irregular tumour, rather larger than a large hen's egg, which, by adhesion to the intestine, had caused it to make an unnatural bend. The tumour was covered with peritoneum; and on opening the corresponding portion of the intestine, a large ulcer was found with very thick and very prominent edges running completely round the intestine, like a furrow between two banks. The intestine was quite perforated in one part, but adhered to a neighbouring fold; all the neighbouring portion of the colon was quite healthy. The mesenteric glands, uterus, and ovaries were healthy.

"NON-RESTRAINT" SYSTEM OF TREATING THE INSANE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In a recent number of the Supplement to the *Penny Cyclopædia*, there is an article on "Lunatic Asylums," to one part of which I am desirous of drawing your attention, and that of such of your readers as may be interested in the subject.

The author of this article devotes a considerable portion of his space to the "History of the Non-Restraint System" of treating the Insane. In one part of this history he enumerates the several asylums in which what is called, somewhat improperly, the "non-restraint system" is carried out, and those in which mechanical personal restraint is more or less freely still resorted to. An intermediate class of asylums is also referred to, in which we may infer that this description of restraint is less freely, and indeed seldom used; but the authorities of which have the unenviable notoriety assigned them of "professing the non-restraint system, whilst they practise the reverse." Under this head, along with four other public establishments, the Retreat, at York, is included. I know not how far the author has grounds for throwing such an imputation on the other establishments he mentions; but as the medical superintendent of the Retreat, I am anxious to avail myself of your columns, to deny the imputation as respects that establishment.

There are only two channels through which I have myself made public any profession as to the use or disuse of personal restraint, in the management of the insane at the Retreat; and to these I must beg to refer your readers.* I may however be permitted to make the following extracts from the work most recently published, in which I have described the present practice at the Retreat; and my own opinions in relation to this question.

After stating that at the Retreat for some years, "personal restraint has by degrees been almost entirely abolished in practice," I thus proceed:—

* "Statistics of the Retreat," 1841 (not published), p. 50, "Statistics of Insanity," &c., 1846, part 1, p. 103; "Statistics of the Retreat," part 2, p. 48.

"Whilst we hold ourselves free to direct the use of any means which the necessities of the particular case appear to call for, I am fully convinced that, in a well-arranged and properly-governed public institution, the instances where personal restraint can at all be considered needful are in truth very few; and that they will be found, almost exclusively, to consist of old or mismanaged cases.

"I have, indeed, no hesitation in stating,—what can hardly I think be doubted,—that restraint of every description, not absolutely called for, has a tendency to excite in the insane the angry and vindictive passions to which they are only too prone, and thus to prolong the continuance of the disorder in curable cases, and to aggravate its character in incurable ones. The instructions to the attendants on this subject have already been given; and during the current year there has only been a single example of the application of personal restraint, and that was of the mildest possible kind."

In another part of the same work the following observations will be found:—"All these measures, coercion, seclusion, and mechanical restraint, require great care in their application to particular cases; and are open to great abuse, particularly if left, as they never should be, to the discretion of attendants and servants. They should never supersede the application of purely moral motives; but should only be resorted to as a last resource, when these either fail, or are, from the nature of the case, out of the question.

"I shall not here enter into, or pretend to determine, more definitely than I have elsewhere," (Part ii., above quoted from,) "attempted, the merits of the *questio verata*, 'restraint or non-restraint?' That the insane may in all cases be governed by purely moral means, I suppose all will regard as an untenable position; but still I believe we may conclude that there is no circumstance which more decidedly marks a faulty system, and none which is likely to be attended with more unfavourable results, than an unrestrained use of the means of personal restraint, whether these consist in long continued seclusion, or in the mechanical restraint of the body or its members, either by instrumental means, or, what is usually worse, by the physical and manual force of the attendants."

Speaking of the effects of the gradual disuse into which personal restraint has fallen at the Retreat, I observe, "that whilst on the one hand I cannot doubt that the course and duration of many cases has been mitigated and shortened, and the character of the disorder rendered less virulent, by the disuse of restraint; occasional inconvenience in the shape of alarm, and of interruption to the quiet of other patients, and also as regards the destruction of clothing and the breakage of glass, have, on the other hand, been connected with it. On the whole, however, that greater vigilance and forbearance on the part of the attendants, which, under competent superintendence, the comparative disuse of personal restraint more or less necessarily implies, have, I feel no hesitation in saying, been attended with a decided increase of comfort and decrease of irritation in those divisions of the establishment in which instruments of restraint were formerly not unfrequently resorted to."

So much for professions on this subject. As respects practice, I may here state that the amount of mechanical

personal restraint employed in this establishment has been gradually diminished, until it has become almost, and for long periods at a time, entirely disused. Thus, during the last eighteen months, there has been no instance whatever of the kind. During a period of nearly three and a half years, the following passage describes the only cases in which such restraint has been resorted to. Within this period "there have been two cases in which wrist-straps were applied for a few hours, in each instance during a paroxysm of great violence and destructiveness. In another case, that of a delicate female, a simple waist-belt, not interfering with the motions of the body or with the use of any limb, and secured on each side, by webbing to the bedstead, was applied every night, for about a fortnight, in order to keep the patient in bed during a state of great restlessness and irritability. In another case, requiring surgical treatment, the use of the strait waistcoat was found necessary for about twelve days. These are all the cases in which the use of mechanical restraint has been directed from the 25th of January, 1843, to the time at which I am now writing," May, 1846.

The fact then, is, that whilst we bind ourselves by no pledge not to resort to it, and whilst we think there are cases, (very few I freely admit,) in which under all the circumstances, it is better to have recourse to personal mechanical restraint, this is notwithstanding, at the Retreat, comparatively, and for long periods at a time, entirely disused. It is then, an error—an inadvertent one I cannot doubt—into which the author of this interesting article* has fallen, when he states that the authorities of our establishment "profess the non-restraint system, whilst they practise the reverse." The converse statement would be *nearer* the truth. My own maxim would be, *restraint at its minimum,—if possible none.*

In this communication I have purposely abstained from entering upon the controversy itself between the advocates of restraint and non-restraint. The passages I have quoted will suffice to show my own views of the subject, and I cannot but conclude, that the general question is already sufficiently before the non-medical, as well as medical public, to render any further observations of mine superfluous.

I remain, Sir, yours faithfully,

JOHN THURNAM,

Medical Superintendent of the Retreat,
May, 1846. Near York.

* Though I think this article one of great interest, I regret to observe that the statistics of recovery in asylums are estimated on what I cannot but regard as an erroneous method—viz., that of taking the per centage on the average population, and not on the admissions during the year.

TINCTURE OF ACONITE IN TOOTHACHE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me to draw your attention to the external application of Fleming's "Tinctura Aconiti Napelli," in cases of toothache. Several of my friends, as well as myself, have made pretty extensive use of it, and found it most efficacious; it may be used either by a drop on a piece of cotton wool placed in the hollow of the tooth,

or by rubbing in a drachm of the tincture on the cheek, the latter in my opinion is preferable, as the former causes a disagreeable tingling sensation to the surrounding parts. I would, however, caution any of the faculty who may be inclined to use it, not to employ either the extract, or the tincture of the London Pharmacopoeia, which is in fact prepared from an entirely different species—the *Aconitum paniculatum*.

The true tincture can be obtained from Messrs. Duncan and Flochert, Chemists, New Buildings, North Bridge, Edinburgh, who prepare their tincture from the recipe of Dr. Fleming.

I have the honour to be, Sir,

Your obedient humble servant,

HENRY LLEWELLYN WILLIAMS.

Beverly, June 2, 1846.

MEDICAL INTELLIGENCE.

Petitions to the Houses of Lords and Commons have lately been sent by the physicians and surgeons of the county and city of Cork, to each of which were attached 125 signatures. The object of the petitions was to obtain reasonable remuneration for professional services rendered by medical men to the Crown and public, under a variety of circumstances. Similar petitions were forwarded some weeks ago to both Houses by the Medical Society of Cork.

William J. Judd, Esq., Surgeon-Major to the Scotch Fusilier Guards, has been appointed Surgeon in Ordinary to His Royal Highness Prince Albert.

Cæsar H. Hawkins, Esq., surgeon to St. George's Hospital, has been elected a member of the Council of the Royal College of Surgeons, in the room of Mr. John Scott, deceased.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, June 5th, 1846:—F. J. Rowen; S. Devenish; F. G. Harcourt; T. G. Alanson; A. H. Bayly; H. Bate; C. W. Izod; W. J. Burke; J. Hey; M. J. Burke; W. Ferguson; R. H. Purnell.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, May 28th:—Edwd. Palmer Turner, Birmingham; Coleman Burnham, Paterington; Owen Kiernan, Devonshire; William Abraham Salmon, Wells; Octavian Royle, Planfield, Norfolk; John Climensson Day, London; John James Rygate, Grays, Essex; Frederick Howard, Dorking; Frederick Giles Broxholme, Sunbury; Edward Henry Owen, London; Robert Lumb, Whitehaven; James John Roughton, Kettering.

TO CORRESPONDENTS,

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

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- I.—The Retrospective Address, delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
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ALSO MAY BE HAD,

Vols. 1 to 12, (Old Series,) can be had at the Publishers, they having now procured a few copies of Vols. 4 and 10, for Gentlemen who are desirous of completing their sets.

ADVERTISEMENTS.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE ANNIVERSARY MEETING of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION is appointed to take place at NORWICH, on WEDNESDAY, AUGUST 19th, and THURSDAY, AUGUST 20th.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SANATORY REVIEW OF THE YEAR 1845, IN RELATION TO THE STATE OF THE PUBLIC HEALTH IN PARIS.

(Translated for the *Provincial Medical and Surgical
Journal*.)

(Continued from page 264.)

We have now to examine what may have been the relations between the state of the atmosphere and any of the four principal oscillations of the public health before indicated. These oscillations may be summed up as follows:—

1. In January, diseases frequent, probably of long duration, and often fatal. Calm in February.

2. In March, April, May, and June, very marked increase; diseases shorter, and less frequently fatal, with the exception of those of June, which appear to have been at the same time both longer and more severe. Calm in July, August, and September.

3. In October, rapid increase; diseases of considerable duration, and giving a mean mortality. Calm in November.

4. In December, fresh increase.

The meteorological conditions in relation to these facts should be considered under two principal points of view:—1. *In themselves*, that is in as far as the manifest qualities of the air, heat, cold, dryness, moisture, &c., may each of them exercise on the public health a special action, correlative to the mode of action which is proper to it. 2. In their successive *variations*, that is in the change more or less rapid from cold to heat, from heat to cold, from dry to moist, from moist to dry, from a dense atmosphere to one which is less so, &c. These two orders of conditions are exhibited in a tabular form.

The table expresses the *mean* height of the barometer and of the thermometer for each month. It is to be regretted that hygrometric observations are not registered, or at least not published, by the Observatory, where the quantity of rain fallen in the court or on the terrace alone is measured. This measure can give only an approximation to the degree of humidity of the atmosphere. We shall, however, refer to this

point, as well as to the direction of the winds, further on.

The second table,* which relates to the atmospheric *variations*, comprises two distinct parts. In the first are recorded the most marked oscillations which have taken place in each month *from one day to another* in the barometric and thermometric columns; by this we understand all those of at least six millimetres for the barometer, and of, at least, four degrees for the thermometer. In the second part of the table each month is divided into three periods, extending from the 1st to the 10th, from the 11th to the 20th, and from the 21st to the end of the month inclusive; and we have noted the minimum and maximum for each period. We have thus at once the *exact period* of the principal variations, the *measure* of these variations, and the degrees of *temperature*, and of atmospheric *pressure* within which they occur.

A mere inspection of the first of these two tables is sufficient to shew that the different qualities of the atmosphere, heat, cold, the degree of pressure, considered absolutely, and independent of their variations, have not exercised any marked influence on the movement of the hospitals. Thus in March, April, and May, in proportion as the temperature rises and becomes more agreeable, the mean atmospheric pressure remaining nearly the same, the number of admissions augments, and the proportion of deaths continues very high; thus, as we have before remarked, in the month of July, the mean temperature of which is $+ 17^{\circ}.1$, there were almost as many admissions as in the month of January, the temperature of which is $+ 2^{\circ}.4$, and more than in the month of October, the temperature of which is $+ 10^{\circ}.5$. It is not to be concluded from this that the manifest qualities of the air are, in themselves, altogether without influence on the public health. It appears, on the contrary, that each of them exercises a special action on the play of the principal functions, and particularly on the circulation; the organism is differently influenced, according as the atmosphere is hot or cold, dense or light, and the

* We have not thought it necessary to introduce this second table, as the results are sufficiently stated in the succeeding observations upon it.

sensation of this continues as long as the atmospheric state which gives rise to it. We shall, doubtless, have occasion hereafter to endeavour to define these different influences, and their different modes of action: but

for the present all we wish to establish is their incapability by themselves to affect, in an evident manner, the movement of the hospitals.

METEOROLOGICAL TABLE FOR 1845.
IN MONTHLY MEANS.

MONTHS.	Nine in the morning.		Noon.		Three o'clock in the Afternoon.		Nine in the Evening.		Therm.	Rain.		Prevailing winds, classed according to their frequency.
	Barom.	Therm. exterior.	Barom.	Therm. exterior.	Barom.	Therm. exterior.	Barom.	Therm. exterior.	Mean of the Month.	Court of Observatory.	Terrace.	
January . .	754,98	+ 1,6	754,57	+ 3,1	754,11	+ 4,0	754,08	+ 2,4	+ 2,4	5,075	4,207	S. N. W. E.
February . .	755,72	— 0,5	755,70	+ 0,8	755,41	+ 1,5	755,94	— 0,9	— 0,6	3,773	2,725	N. W. S. E.
March . . .	756,41	+ 1,4	756,25	+ 3,0	755,76	+ 3,8	756,49	+ 1,6	+ 1,3	3,215	3,443	N. W. S. E.
April . . .	752,44	+ 11,3	751,93	+ 13,8	751,53	+ 14,4	752,23	+ 10,4	+ 11,2	4,949	4,137	S. N. W. E. ⁽¹⁾
May	753,07	+ 11,5	752,81	+ 13,1	752,37	+ 13,5	752,97	+ 9,8	+ 11,0	5,759	5,187	W. N. S. E.
June , . .	755,73	+ 18,4	755,58	+ 20,3	755,21	+ 20,6	755,78	+ 16,7	+ 17,8	8,211	7,482	S. W. N. E.
July	755,90	+ 18,2	755,75	+ 20,1	755,47	+ 20,8	755,76	+ 16,7	+ 17,1	4,804	4,096	W. S. N. E.
August . . .	755,28	+ 16,5	754,84	+ 18,4	754,41	+ 19,0	755,38	+ 14,5	+ 16,0	4,955	4,740	W. S. N. —
September .	755,55	+ 15,1	755,24	+ 17,5	755,56	+ 18,3	755,09	+ 14,5	+ 15,2	7,625	6,540	E. S. N. W.
October . .	759,00	+ 10,1	758,67	+ 12,9	758,12	+ 13,6	758,72	+ 10,0	+ 10,5	3,530	2,901	W. S. E. N.
November . .	752,96	+ 7,2	752,58	+ 9,7	752,16	+ 10,3	752,78	+ 8,0	+ 8,2	7,525	6,231	S. W. E. N.
December .	755,83	+ 5,0	755,62	+ 6,6	755,25	+ 6,6	754,98	+ 5,8	+ 5,6	7,832	6,447	W. S. N. —

The Barometer is graduated in millimetres; the rain gauge in centimetres. The scale of the Thermometer is the Centigrade.
1 Equal.

We have now to inquire how far this movement is, in relation with meteorological variations, and with the more or less rapid oscillations of the barometer and the thermometer. In January the oscillations of the barometric column were sudden and considerable; from the 18th to the 19th the mercury descended seven millimetres; from the 19th to the 20th it again

descended nineteen millimetres: in all twenty-six. On the following day it rose an equal quantity, twenty-six millimetres; two days afterwards it descended eleven millimetres; the next day it rose eight millimetres and a half, and descended again on the following day ten millimetres and a half, and two days afterwards nine millimetres and a half. The range of these

oscillations was between a minimum of 732.25 millimeters, and a maximum of 766.25. The oscillations of the thermometer are proportionally less, and above all do not follow each other with the same rapidity; they are, however, far from being insignificant. Thus, from the 1st to the 2nd the thermometer fell four degrees; from the 4th to the 5th it rose four degrees; from the 6th to the 7th there was another fall of four degrees; from the 10th to the 11th a rise of $6^{\circ}.5$; from the 14th to the 15th a fall of $5^{\circ}.5$; from the 18th to the 19th a rise of $6^{\circ}.5$; and, finally, from the 25th to the 26th the mercury again rose $5^{\circ}.5$; to redescend on the morrow five degrees. The range of these oscillations was between a minimum of $-1^{\circ}.2$, and a maximum of $+7^{\circ}.9$. On looking over these barometric and thermometric oscillations, we are strongly tempted to attribute to them the great number and severity of the diseases sent to the hospitals in the month of January, especially as the barometer marked throughout sudden *diminutions* of the atmospheric pressure, which is the most injurious meteorological condition for delicate constitutions.

In the month of February, which furnished the smallest number of admissions, the barometric column underwent four sudden falls, less considerable than in the preceding month, but yet sufficiently marked. One of these amounted to twenty-one millimetres, another to fourteen, a third to eleven, and the fourth to eight millimetres; this latter fall had been preceded shortly before by a sudden elevation of twelve millimetres, and thus offered conditions favourable to a morbid action on the economy. The range of the oscillations was from 744.29 to 768.68 millimetres; whence it follows, that on the one hand the atmospheric pressure did not fall so low as in January, and that, on the other, the range between the limits was not so extensive. With respect to the thermometer,—the sudden variations of the thermometer, whether rising or falling, were more considerable, and nearly as frequent, as in January, and their extreme limits were between -10° and $+6^{\circ}.7$. There is here nothing, therefore, to explain the immunity enjoyed by the month of February, and the only circumstance to which it could be referred, is the degree of atmospheric pressure, which was considerably elevated throughout the month. The continuation of these researches will shew how far this view is tenable; but it will be remembered that the mortality was proportionably large in the month of February. How far the atmospheric vicissitudes of this month exercised an injurious influence on the diseases of this period, and of those admitted in January, is a question which we shall shortly be better able to resolve.

In the months of March, April, May, and June, the admissions were most numerous; the first two months gave the largest proportion of deaths, the month of June the smallest proportion, and the month of May a mean proportion. Now, in these four months sudden variations both of the barometer and of the thermometer were evidently less in extent and frequency than in the preceding months. In March, from the 12th to the 13th, there was a fall of the barometer of 6.5 millimetres; from the 23rd to the 24th another of ten, preceded at two days of interval by two successive elevations, the one of eight, the other of thirteen millimetres. The thermometer fell three times, the

greatest fall being six degrees, and rose twice, the greatest rise being five degrees. There were scarcely any sudden variations in April and May; from one end of the month to the other, or nearly so, the movements of the barometer and thermometer were gradual, and without marked successions. Finally, in the month of June, though the variations were somewhat more marked than in the two preceding months, they are incomparably less than in January and February. The extreme limits of the oscillations extended—1. In March, for the barometer, from 742.83 to 770.59 millimetres; for the thermometer from $-7^{\circ}.3$ to $+9^{\circ}.2$. 2. In April, for the barometer, from 729.05 to 763.93 millimetres; for the thermometer, from $+6^{\circ}.2$ to $+17^{\circ}.5$. 3. In May, for the barometer, from 743.79 to 762.78 millimetres; for the thermometer, from $+7^{\circ}.5$ to $+18^{\circ}.5$. 4. In June, for the barometer, from 744.92 to 766.11 millimetres; for the thermometer, from $+12^{\circ}.1$ to $+24^{\circ}.1$.

If now it be asked, whether the immunity of the month of February in respect of the number of admissions, is to be attributed to the constantly high degree of atmospheric pressure, we see that in the four months in which the admissions were most numerous the pressure kept at nearly the same limits, within two or three millimetres, as in February, excepting always the month of April, in which the barometer fell, upon one occasion, to 729.05 millimetres, (fifteen millimetres below the minimum of February.) If further it be enquired whether there was not at least some relation between the atmospheric disturbances of this last month, and the considerable mortality which it presented, we shall see that the months of March and April, in which the mortality was the highest, are among those most exempt from atmospheric variations—the latter, especially, which occupies the second place in the *calendar of deaths*, was the most equable of all the months. On the contrary the month of June, the variations of which, though little marked, are yet more than those of March and April, is the last in the calendar; the month of May, which gives a mean mortality, is remarkable also for the rarity and slight degree of the changes. If the numbers relating to each of the other months be examined, we shall be convinced that for the most part no correspondence has existed between the sudden oscillations of the barometer and thermometer, and the frequency or the fatality of the diseases received into the hospitals in 1845. In July, diseases frequent, and of mean severity; meteorological variations more marked than in April, when the admissions and the deaths were so numerous; in September, admissions few, deaths few, variations considerable; in November the same. There remains the months of August, October, and December, in which the hospital movement does not greatly disagree with the meteorological observations, but the preceding facts take away all value from this coincidence.

To afford an additional security for our estimate, we have taken in the tables of the Observatory, the means of the daily minima and maxima of the thermometer. Now, the differences which exist between these means do not correspond better to the variations in the numbers of the admissions and deaths. Thus, in the month of January, admissions numerous; the difference between the minimum and the maximum is only about

three degrees for each of the three periods of ten days. In February, admissions less numerous; the differences two degrees for the first period, five degrees for the second, and six for the third. In the month in which the admissions were most numerous, the differences are 7.7 and eight degrees, which are less than those of the months of August and September, in which the admissions were so few. It should be remarked, that the means of the minima and maxima specially shew the regular variations of temperature during the natural progress of the seasons, and that they are of less value, in the solution of the problem before us, than the indications of the sudden and daily fall or rise of the barometric column given above.

Finally, we have carefully consulted the oscillations of the barometer and thermometer in the same tables, not merely from one day to another, but at different periods of the same day: at nine in the morning, at twelve, and at three in the afternoon; and here again we have obtained only negative results.

Might it not happen that the influence of the meteorological variations is only felt after an interval of greater or less duration, and consequently reacts on the sanatory movement, not in the month itself, in which these changes take place, but in the following month? This supposition also gives way before the facts; and in the first place we have ascertained that the variations of the latter months of the year 1844* were too trivial to explain the frequency of disease in January, 1845. Again, if it should be thought that the considerable changes of February had caused the increase of disease in March and April, we may ask how the very satisfactory meteorological conditions of March and April correspond with the very unfavourable sanatory condition of April and May; and why from the month of September, which was finer than that of October, more patients were carried on to October, than from October to November, &c.

What are we to conclude from these facts? Are we to think that atmospheric variations are absolutely without influence on the public health? Such a conclusion would be too much in opposition to general experience. Moreover, it must not be forgotten, that it is here only the hospitals which are concerned, the movement of which is not solely subordinate to the frequency of the prevalent diseases, and bears on a class liable to more pathological causes than the rest of the population. The question also concerns only a general sanatory movement, in reference to number and mortality, and thus the influence of meteorological conditions on the type, the seat, and the nature of the diseases is altogether withdrawn from consideration. It cannot, however, be concealed that these considerations take but little from the bearing of the unexpected result at which we have arrived. The months in which the influx into the hospitals is greatest, (March, April, May, June,) are not those in which the operative classes suffer the most. It is the period of work, consequently of well-being, and the mysterious cause, which, in the absence of inclemency of season, impels them towards

the hospitals, does not appear. It is not the slow effects of sufferings endured during the winter, as is shewn by the rapid commencement, and the acute form of the diseases of spring, and above all, their habitual seat in the respiratory passages. What is it then? We are absolutely ignorant; and this question only reminds us of the words of Sydenham—"Although I have observed with all possible care, the different constitutions of the years in relation to the manifest qualities of the air, with the intention of discovering by this means the causes of the great variety of epidemic diseases, I do not see that I have hitherto made any progress. * * * There are different constitutions of the year which arise, neither from heat nor from cold,—neither from dryness nor from humidity, but rather from a secret and inexplicable alteration."

We will now take, in conclusion, a rapid view of the meteorological conditions relative to the degree of humidity, and the direction of the winds. In glancing over the first table it will be perceived that where the barometric and thermometric variations meet, the humidity of the atmosphere (measured, not indeed very accurately, by the quantity of rain fallen,) seems to have a sufficiently marked relation with the number of admissions. Thus the increase of January corresponds to a rainy season,—5.075 centimetres of water in the court of the Observatory, 4.207 on the terrace. The month which offers the smallest number of admissions, (February,) is also the least rainy,—3.773 centimetres in the court, 2.725 on the terrace. In proportion as the number of admissions rises in March, April, May, and June, the quantity of rain becomes gradually more considerable, and that in large proportion, so that in June, the quantity of water is in the court, 8.211 centimetres, and on the terrace, 7.482 centimetres. In July and August the quantity of rain diminishes with the number of admissions in September and October; however, there is here an irregularity, the admissions being more numerous in October than in September, while the quantity of water is less in October than in September, in which month it attains even to a very considerable degree, (7.65 in the court, and 6.540 on the terrace.) But in November and December the relation is again established in the number of admissions as well as in the quantity of rain, a slight difference being observed to the advantage of the latter month.

The relation of the number of admissions with the direction of the wind, is less marked, though sufficiently sensible. It is seen in the foregoing table, where the four cardinal winds are classed in the order of their prevalence; and in the first five months, wind from the North always occupies one of the first two places, and is consequently found five times, while the South wind is found there only twice, and the West wind three times. In the last seven months it is the West wind which predominates, which is comprised four times in the first column, and twice in the second; then next comes the South wind, which is contained twice in the first column, and five times in the second, the North wind being always thrown back to the third or fourth columns. The reason of the slight increase of disease in October and December is not very evident. In these variations the West wind indeed predominated, and it is known that this generally brings a cloudy variable season, but the same condition existed in the month of August, in which the number of patients was very

* In December the barometer fell from the 12th to the 13th, nine millimetres; from the 15th to the 16th, five millimetres; from the 17th to the 18th it rose six millimetres; and from the 18th to the 19th, seven millimetres. The thermometer rose four degrees from the 14th to the 15th, and from the 18th to the 19th it fell four degrees.

small. On the other hand the predominance of the North wind in the first five months sufficiently explains the considerable number of admissions, which, with the exception of the month of February, were furnished by these months.

Such are the facts. We have simply stated them, not wishing, on data so general, to enter upon inductions or explanations which future reviews bearing upon facts more definite and more significant may permit us to present, perhaps, with more effect. The only conclusion that we are at present able to draw is the following:—

The weight and the temperature of the air, whether considered by themselves, or in their variations, do not appear to exercise any appreciable influence on the public health, or at least on the movement of the hospitals. The degree of humidity of the atmosphere, and the direction of the winds, on the contrary, appear to exert a well-marked influence.

Although this conclusion is, in great part, negative, we shall not regret to have stated it, if further researches should confirm its justice, as the overturning of a belief in imaginary influences must tend to advance the cause of etiology.

CASES OF PLACENTAL PRESENTATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following cases of placenta presentations having occurred to me lately, I shall feel obliged by your inserting them in your Journal.

I am, Sir,

Yours respectfully,

JOHN M. BRYAN.

Northampton, June 8, 1846.

CASE I.—Mrs. W. Langdell, aged 37, of Kingsthorpe, near this town, of lymphatic temperament, and the mother of nine children, was seized with flooding in a moderate degree, in the middle of December, 1845, after some slight exertion, (being then about eight months pregnant,) which passed off in two or three days, with rest and proper attention. It again returned in a very great degree in the night of January 13th, 1846. I saw her at about half-past three a. m., and found her very much exhausted, and, in consultation with my friend, Mr. Birdsall, of this town, I proceeded shortly after to deliver her.

I found upon introducing my hand into the vagina, that the placenta was adhering round a considerable portion of the os uteri. I therefore, completely separated it, and immediately delivered it, upon which all hæmorrhage ceased. I then delivered the child by bringing down the feet; there were some symptoms of life but it soon ceased to exist. The mother was in a very collapsed state for four or five hours, but no more hæmorrhage took place. She had considerable irritative fever for a week or ten days, but recovered tolerably well by February 3rd.

CASE II.—Mrs. Whitworth, aged 37, of very spare habit, and lymphatic temperament, having had eight

children, was seized with flooding on November 16, 1845, and I was called to her at half-past one a.m. She was then in her sixth month of pregnancy. With rest and proper attention it passed off in a few days, and I heard nothing more of her until January 31, 1846, when I was sent for to her, and found her exceedingly exhausted from excessive hæmorrhage. Upon examination, a portion of placenta was plainly distinguishable at the os uteri; I therefore immediately introduced my hand and completely separated the placenta, and delivered it, and, as in the preceding case, the hæmorrhage ceased. I then delivered the child by the feet; but there was more difficulty in this case, owing to the contraction of the uterus, which was quite emptied of the liquor amnii.

Every attention was paid to her in the administration of restoratives, but we failed of success, and she died in about three hours after the delivery. Previous to her delivery she had suffered great anxiety and also privations. The child was dead.

CASE III.—Mrs. Hill, aged 40, having had twelve children and five miscarriages, was seized with flooding in the latter end of April, being then in her eighth month of pregnancy, and for which she was attended by Mr. Gates, of this town, who requested me to see her hastily at three a. m., on May 26, 1846. I found her to have had great hæmorrhage and exceedingly exhausted. On examination per vaginam, the placenta was plainly felt at the os uteri. I therefore immediately introduced my hand into the uterus, forcing through the membranes, and brought down the feet of the child, and delivered it quickly. It was alive and still continues to live. I then, without loss of time, introduced my hand and delivered the placenta, which was a good deal adherent around the os uteri. She was greatly exhausted from loss of blood, but with attention for about two hours subsequently she rallied. I have seen her to day, and there seems every prospect of her recovery, although very much debilitated.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 17, 1846.

The importance of personal cleanliness in the preservation of health, is too well known and appreciated by medical men, to render any extended remarks on the subject necessary here. We may, however, take occasion, from a petition addressed to both Houses of Parliament, by the physicians and surgeons of Southampton, in favour of a Bill for the establishment of Public Baths and Wash-Houses for the Poor, about to be introduced, to recommend the measure to the notice of the Provincial Association generally. The petition will be found in another column, and the terms in which it is drawn up, sufficiently explain both its object and import. A petition on the same subject was presented to the House of Commons on the 16th of May last, from the Committee for promoting the establishment of Baths and Wash-

Houses for the labouring classes. In this petition, the actual condition in this respect of the dwellings of large numbers of the labouring population, and their neglect of personal cleanliness are set forth, and the causes pointed out; the injurious consequences to comfort, health, and morals, are stated; and the means of remedy indicated.

It appears that at the baths and wash-houses which have been established at Liverpool by the Corporation of that town, and which were opened in the month of May, 1842, the number of those who bathed in the first three years was 41,788, and in the first nine months of the present (the fourth,) year, ending in February, 1846, was 14,562; and that during those three years and nine months 44,115 persons washed there upwards of a million articles. The accommodations at this establishment were, however, found to be so insufficient to meet the wants of the town, that the Corporation of Liverpool are now erecting a second establishment there.

A small establishment of baths and wash-houses has been open in the neighbourhood of the London Docks about eleven months, for the use of the very poor; and though the accommodations there are so limited that sometimes nearly two hundred applicants have, of necessity, been refused admittance in the course of a single week, 25,123 persons have bathed, and 31,882 persons have washed 235,814 articles there during that period, and of those persons several hundreds have come from distances varying from four to six miles.

The Committee from whom this petition has emanated, are now engaged in the erection of a model establishment of this kind. The building is to contain about one hundred baths, each in a separate apartment, to ensure privacy to the bathers; about one hundred pairs of wash-tubs, separated by sufficient screens; hot closets for drying all the articles washed; and accommodation for ironing part of them. The baths are to be of two sorts, about four-fifths of them being for the labouring classes, and every bather is to have an ample supply of clean water. The charges at the baths for the labouring classes, including the use of one towel for every bather, are proposed to be one penny for a cold bath, and two-pence for a warm bath. The charges at the other baths, including the use of two towels for every bather, are proposed to be three pence for a cold bath, and sixpence for a warm bath. That the charges at the wash-house are proposed to be such as to enable the week's washing of a labouring family to be well done, and the articles washed to be dried rapidly, and so as to ensure their thorough ventilation, and the destruction of all vermin and infection, in about three hours for about three-pence.

It is also stated that calculations made on the

basis of actual experience, show that these proposed charges will, when the establishment is in full work, be not only amply sufficient for its support, but will leave a surplus at least equal to the interest of the capital sunk in its erection. Thus the receipts of the establishment at Liverpool, were, for the first year £159, for the second year £280, for the third year £332, and for the first three-quarters of the current year £325, exceeding its expenses (exclusive of improvements and repairs,) during those nine months, by more than £30.

With these facts before us there can be little doubt of the practicability of the undertaking; and of the utility and exceeding benefit of the object there can be no question. As ever foremost in all matters relating to the improvement of the health and social welfare of the community, this subject is especially commended to the consideration and support of the members of the medical profession.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Wednesday, April 1, 1846; Dr. GAIRDNER in the Chair.

CASE OF AN INFANT POISONED BY LAUDANUM: APPLICATION OF ELECTRO-GALVANIC SHOCKS: RECOVERY.

By Dr. MARTIN BARRY.

The case was that of an infant nine months old, whose mother had given it laudanum, "to put it to sleep" while she went out. The laudanum was part of a pennyworth bought for this purpose at a neighbouring shop.

The case was first under the care of Mr. Colahan, a pupil at the Edinburgh Maternity Hospital, who, however, was not called in until seven hours after the laudanum had been swallowed; and even then he was kept in ignorance of the fact that the poison had been given two hours later. The infant presented the usual symptoms of poisoning with opium, and emetics of tartarized antimony and ipecacuanha were given. Vomiting was produced and kept up by warm water; but of course, after so long an interval, not with the expectation of bringing back any of the laudanum. The infant at length sank into a state from which it seemed impossible to rouse it, and was then brought to the Maternity. The breathing of the child was very noisy, and the pupils were contracted to almost obliteration. Dr. Barry applied electro-galvanism, using for this purpose the apparatus made by Abraham and Danser, of Manchester. At first the mixture in the trough contained one thirty-second part of strong sulphuric acid, the quantity of which was afterwards increased to one-sixteenth, and the pointer in the index was gradually brought round to the very strongest power. The wires were applied in turn to every part of the body, and the child was roused by their application, and kept awake, or at least kept moving an arm or a leg, so long as they continued in contact with it. When the wires were removed, even for a few seconds

only, it sank sound asleep, the respiration continuing unchanged. At the end of about three hours, a little more susceptible, and perhaps somewhat more energetic in the movement of its limbs, but with this exception, the infant exhibited nothing like a satisfactory revival, until the tremendous current had been made to pass through its body for four hours and three quarters. Then, however, it really did revive, the respiration becoming more quiet, and the pupils undergoing some dilatation. From this time it recovered, required no further treatment, and in a few days was quite well.

In order to arrive at something like an estimate of the quantity of laudanum swallowed, Dr. Barry caused a pennyworth to be bought at the same shop. This was measured, and the quantity, one drachm and a half, compared with what was found remaining of the other pennyworth above referred to, allowance being made for about the same quantity of water said to have been added. Say, therefore, laudanum dr. iss. + water, dr. iiss. = dr. iij. of which a teaspoonful is said to have been swallowed. There was found remaining less than two teaspoonfuls, the same spoon being used as that with which the child had been dosed. Thus, a drachm of the mixture had disappeared, half of which was laudanum, or say a few minims less than half a drachm, say twenty-five minims.

Dr. Christison remarked, that if the infant had really taken twenty-five minims, it was very surprising that it had recovered. He recommended Dr. Barry to ascertain whether the laudanum was of the average strength, as from numerous experiments he had made, he had found the quantity of opium to vary greatly in various specimens of the tincture.

The Secretary has since obtained the following additional particulars from Dr. Barry:—The laudanum given to the infant was procured at Anderson's, druggist, No. 147, Canongate. That, about half a drachm was the quantity swallowed, is rendered additionally probable by the fact, that at this shop the quantity always sold as a pennyworth, is stated to be a drachm and a half it being in every instance *measured*. At this shop they keep laudanum of only one quality, and never have two kinds. They have made no addition to their stock of laudanum for four months. A specimen which Dr. Christison had the kindness to examine, procured on the 2nd of April, 1846, was taken from that stock, the same which supplied the pennyworth, some of which was swallowed by the infant two months before. Dr. Christison found that it contained a due proportion of opium. Dr. Barry also caused four separate pennyworths of laudanum to be procured at the same shop, at different times, and by different messengers, and in each instance the quantity received was one drachm and a half, or rather more, leaving no doubt of its having been *measured*. Some of the laudanum thus obtained Dr. Christison has also been so obliging as to examine, and he found it to be quite identical with the other. The woman who held the cup out of which the infant was dosed by its mother, declares that the teaspoon was quite full,—that none of the mixture was left on the spoon,—and that none of it was rejected by the child.

—*Northern Journal of Medicine.*

CORONER'S INQUEST.

DEATH FROM THE COLD-WATER TREATMENT: VERDICT OF MANSLAUGHTER.

An investigation into the cause of the death of Mr. Richard Dresser, aged 45, an accountant, which occurred at an hydropathic establishment, near Petersham, has been carried on before W. Payne, Esq., one of the Coroners for Middlesex. The deceased gentleman had been suffering under, what he supposed to be, rheumatism and sciatica, and had recourse in consequence to the hydropathic establishment of Dr. Ellis, at Sudbroke Park, near Petersham, Surrey. He went to the establishment on Friday, May 29th, was there treated on the water-system, and died on the following Tuesday.

The following evidence was given before the Coroner:—

Mr. W. D. Dresser.—The last time I saw deceased was on the 28th of May, when he complained of pain in the groin. He considered it was rheumatism. On Tuesday morning last I received intimation that Mr. Dresser was dead, and accompanied Mrs. Dresser, with Mr. G. Arnold, to Dr. Ellis' establishment, where he had died. When I saw deceased's body, it was lying on a bed in room No. 4. There was a great change in his face, and he was nearly black about the neck. He was a dark man when in health, but his face when dead was much more so. The body appeared to be much swollen, and froth was issuing from his nostrils, covering a large portion of his face. We had seen Dr. Ellis previously to examining the corpse, and on asking him the cause of death he placed this paper in my hands, saying, it contained the diagnosis:—

"Mr Richard Draper [Dresser] came here on Friday last, to seek relief from what he termed rheumatism in the hip, (properly *sciatica*), giving no other particulars. The case was thought admissible, but it soon appeared that he was suffering from hepatitis of the sub acute character, giving rise to suppuration, occasioning exudations of lymph, and a rapid extension of the disease to the adjoining viscera. The symptoms were tympanites, total inaction of the bowels, and sluggishness of the urinary organs, very severe pain in the left leg, from the groin along the thigh to the ankle, coldness of the extremities, and loss of power. He was treated as is usual to subdue the symptoms; the pain was soon suspended; the bowels, though stubborn, acted freely after the usual means had been tried, and continued to do so. The appetite allowed of his taking a little farinaceous nourishment, but disease proceeded insidiously; sub-acute inflammation advanced gradually, though there was no sign of active progress; the organ became generally the seat of suppuration; the pulse became quicker and softer, with much perspiration; the countenance became pale and sallow. There was tumefaction of the liver, with a doughy œdematous or boggy feel of the hepatic region generally. The enlargement or bulging was very great about the false ribs. Oppression, with dyspnoea, or short breathing, immediately preceded his decease, which took place at twenty minutes before eight o'clock this morning, June 2nd, without either a sigh or struggle. In three or four hours after his decease the fluids filled the chest and throat, and oozed copiously out of the ears, nose, and mouth.

"J. E."

Mrs. Maria Dresser.—I saw my husband at Dr. Ellis's establishment on Sunday afternoon, the 31st of May. I understood he had been placed in a warm bath, and he said his pain had left him. He was sitting up in bed covered with wet wrappers and blankets. I asked what food they gave him, and he replied that they kept him very humble, not what he had been accustomed to. I remarked upon his strange position in bed, and he replied that his legs were useless. I felt his legs, and they were as cold as marble. I took tea in his apartment, and wished him to take some, but he refused, saying it was not allowed. When Dr. Ellis came home in the evening I told him I thought my husband was very bad, as he was so cold. Dr. Ellis then took a large cloth, placed it in a wash-hand basin containing water, and then put it on my husband's stomach, saying he was afraid of inflammation, which he wished to stop, because he could not allow so valuable a life as Mr. Dresser's to be lost. Deceased was shortly after placed in a bath, and I saw him in half an hour afterwards, when there was so remarkable a change in his appearance, that I thought he had been struck with death. One of the bathmen told me his perspiration had stopped, and that it was in favour of the patient. Dr. Ellis admitted that my husband had altered after the bath, when I spoke to him about my husband, and he asked me if I wished for further advice for him, or to have him removed. I then left my husband, the doctor promising to send me a letter in the morning by eleven o'clock, telling me how he was. By nine o'clock, however, on the following morning, a gentleman called and informed me of my husband's death. I went to Petersham, and after a great deal of persuasion to the contrary, was allowed to see the corpse. I cannot say whether the bandages I saw applied were dipped in warm or cold water. The baths were constituted of three pails of cold water, with a small portion of hot, taken from a small can the bathman held in his hand.

Mr. James Hicks.—I am a surgeon, and am in partnership with Mr. Waterworth, of the Old Kent Road. I assisted in the *post-mortem* examination of the body. Externally it presented the appearance of a man who had died from suffocation, the face being bloated and of a livid colour, with bloody froth and serum issuing from the mouth and nose; the whole of the posterior part of the trunk also bore evidence of extreme congestion. In the chest I found the lungs and heart enormously congested, the latter being large and flabby, but otherwise healthy. In the abdomen the bowels were greatly distended with flatus, but otherwise empty; the liver was healthy, but congested, and bore no evidence of previous disease. I consider the immediate cause of death to have been extreme congestion of the internal organs—the lungs and heart, which existed to such an extent as to produce all the effects of suffocation in not allowing the air to get into the lungs. This congestion was likely to be produced by cold externally, whether by cold air or cold fluids, to the body. Cold applications have the effect of repelling the blood from the surface of the body to the internal organs, from which in weak constitutions the system is unable to relieve itself. I have read the paper written by Dr. Ellis as to the cause of death. It does not contain at all the true cause of deceased's death. Quite the contrary. There was not the least

appearance of disease in the liver. There had evidently been congestion of the lungs when the wet cloths were applied, and if the water were cold it would produce death. In such cases there should be applications of hot flannels and stimulants, so as to restore the circulation. There was no suppuration of any kind.

John Maynerd.—I am bath attendant at Dr. Ellis's establishment, near Petersham. I recollect seeing the deceased, Mr. Dresser, from the Friday evening till the Tuesday morning. When he came on the Friday evening I saw him, and he appeared very ill. On Saturday morning he had a bath at a temperature of 65°. I keep minutes of these things in my memory. I meant the temperature was 85°. He was in the bath for ninety seconds. He was attended by Dr. Ellis during the day, but I saw nothing more done for him that day. I carried water into the room, both hot and cold, during the day, two or three times, but I don't know what was done with it by Dr. Ellis to Mr. Dresser. There was about half a gallon of cold and half a gallon of hot water each night. On Sunday morning I prepared deceased a bath as before, and I also carried in hot and cold water. When I carried the water in, Mr. Dresser was lying on the bed in blankets. After Mr. Dresser had the bath on Sunday morning, he went out and walked in the pleasure ground with me for about five minutes, and afterwards with Dr. Ellis. He then went to breakfast with other patients in the public room. He afterwards lay down with blankets over him and I carried in water as before. I saw Mrs. Dresser there on the Sunday. On the Monday morning he again had a bath, and tapioca and bread and butter as nourishment during the day. I carried no water in on Monday until the evening. A bath might have been given to Mr. Dresser without my knowledge. I made no observation on the Monday evening about the perspiration in which deceased had previously been having stopped. I did not see Mrs. Dresser in the room on Monday night, or make such an observation to her. I saw deceased on Tuesday morning, and I believe that the doctor sat up with him all Monday night. He had no bath on the Tuesday morning. It was about seven o'clock in the morning, and he was lying on the bed. I did not see him afterwards alive. I am not aware that he had any other food than the tapioca and bread and butter I have spoken of. One of the bathmen was ill on Monday, and the "boots" attended for him. The "boots" was in deceased's room on Monday evening, and might have taken in a bath without my knowledge. There are no written minutes of the temperature of the baths, but there are written orders as to the heat hung up in the patients' rooms. We try the heat with a thermometer. On the Sunday I took some castor oil to the deceased by order of the doctor. The deceased took all the food he desired. I never took the cold water without the hot.

Mr. Charles Waterworth, surgeon.—I have known the deceased, Mr. Dresser, for six or seven years. During that period his general state of health has been good. I attended him for rheumatism four years ago, occasionally in the stomach. I last attended him for the jaundice and stomach derangement in March last, which arose from impediment to a natural flow of bile into the bowels. There was not disease of the liver. I had not seen him since the middle of April, until I

attended the *post-mortem* examination of the deceased's body. There was nothing to account for death but the congested state of the lungs and the heart.

The written statement of Dr. Ellis, as to the cause of death, was handed to the witness. The Coroner.—Does that statement agree with what was ascertained on a *post-mortem* examination? Not in any one point. From reading this paper, I have no doubt the deceased was treated for disease of the liver and its consequences. Deceased was a man of very feeble power as regarded the action of the heart. I don't think there could have been any reason for treating him for diseased liver. The only judgment I can form of what disease deceased was labouring under from that report is difficulty of breathing. Had the liver of the deceased been diseased, as described, nothing could have more rapidly destroyed his life than the hydropathic system. I attribute the congestion of the lungs and heart of deceased to the external application of cold. The liver was not congested, although Mr. Hicks thought so; but I can say I hardly ever saw a more healthy liver in my life.

Mr. Waterworth underwent a lengthened cross-examination by the counsel employed for Dr. Ellis, Mr. Prendergast, in which that gentleman behaved in so unbecoming a manner to the witness as to draw upon himself a severe reprimand from the Coroner, with an intimation that a repetition of his conduct would be followed by an order for his removal from the court.

In summing up the case to the jury the Coroner observed that in the case of Mr. St. John Long, which had been previously alluded to, the Judges had laid down the law in a very clear and perspicuous manner, as did also the present Lord Chief Justice, who was then Attorney-General, and conducted the prosecution. That learned authority argued, as in the case of St. John Long, that, although there might be no malice aforethought, if he proved the defendant had applied himself to the treatment of a case of which he knew nothing as to its proper treatment, and that he administered a liquid or medicine of the constitution of which he had no knowledge, he was clearly guilty of manslaughter. The Judges in the same case laid it down that, whether a man was a legally qualified practitioner or not, went for nothing. The question was, whether the treatment adopted was a rash and reckless treatment, and which had resulted in the death of the patient, or whether it was such treatment as might, under any other circumstances, have ended in fatal results. Now, in the present instance, they had no evidence that Dr. Ellis was not a duly qualified practitioner, and, therefore, the sole question for the jury to consider was whether, in the present case, he had acted towards the patient in a *bond fide* manner, or had acted in his treatment with a gross degree of recklessness or rashness and incaution, and thus caused death to ensue. If the jury viewed the case as one of *bond fide* treatment, then they were bound to acquit Dr. Ellis of all blame; but if, on the contrary, they considered he had acted with rashness, then their verdict would be one of manslaughter.

The verdict returned by the jury was "That Mr. Dresser's death resulted from the rash treatment he received under Dr. Ellis's care. We are unanimous in a verdict of manslaughter against Dr. Ellis."

Dr. Ellis was then bound over by the Coroner in the sum of £500, and two of his friends in the sum of £250 each, as security for his appearance before the Central Criminal Court to take his trial on the charge of manslaughter.

ROYAL COLLEGE OF CHEMISTRY.

The first evening meeting of the Royal College of Chemistry was held on Wednesday, June 3rd, at the rooms of the College, in Hanover Square; the Earl of Clarendon, one of the Vice-presidents, in the Chair.

Amongst the gentlemen present were Lord Newry, Colonel Wylde, the Hon. O. Duncan, Sir J. Clark, Bart., B. B. Cabbell, Esq., F.R.S.; R. Blakemore, Esq., M.P.; Dr. Bevan, Dr. Reid, Dr. Porrett, John Dalrymple, Esq., Dr. Gardner, &c.

The noble Chairman commenced the proceedings by expressing his regret at the absence of the President, His Royal Highness Prince Albert, and that the meeting was not presided over by one better acquainted with the science of chemistry than himself. After alluding to the low state of chemistry in this country, as compared with several of the continental nations, he proceeded to observe that the idea of founding a college of chemistry had originated with some eminent agriculturists, who felt that the body to which they belonged stood in as much, perhaps in more need, than any other, of the aid of organic chemistry, in order to enable them to understand the economy of vegetable life, and to place the practice of farming on a scientific basis. Other persons connected with different branches of productive industry had not been behind them in recognising the extensive relations of the science of chemistry, and the necessity of an institution, where students might devote themselves to acquiring the skill indispensable for its successful practice, and for promoting its application to the improvement of arts and manufactures. A provisional council had accordingly been formed, and their efforts had met with such encouragement as induced them to persevere, and ultimately to found the Institution. The College, however, had had its difficulties to contend with, and it had required no ordinary tact and perseverance to stimulate into active co-operation that apathy, not to say aversion, with which people in general viewed demands upon their time, their attention, and their purses. Even those most interested in the success of any new system were not always the foremost in coming to its assistance; an example of which he may cite in the School of Design, which though now, he hoped, in a state of vigour and health, had had a long and sickly infancy to struggle through, and yet nothing, at the time of its establishment, had been more wanted, or was likely to prove of greater advantage in several of our leading manufactures. He thought that the Council, seventeen months only having elapsed since their first meeting was held, had good reason to congratulate themselves upon the success of their labours, and the wisdom of their determination at once to open the College, relying upon its immediate results for future and efficient public support. It was to be borne in mind that this was the first school in England where the whole time and attention of a qualified professor was given to the student, or

where practical teaching was systematically pursued, and at fees so moderate as to render the school accessible to students possessing but the humblest means of obtaining education. The method also which had been adopted was not one which admitted of doubt, or which still require the test of experience, for its success had been completely established, and it had already produced most important results under Professor Liebig, at Giessen. He could not help on that occasion expressing his satisfaction that the Council had been able to induce Dr. Hofmann, the Professor-Extraordinary of Chemistry in the University of Bonn, and formerly Assistant to Dr. Liebig, to accept the Professorship at their College. His name and character, his high testimonials from the eminent among his own scientific countrymen, his important researches, his practical talents, and his published works, at once proved that the College was a reality, assigned to its *locus standi* in the country, and placed beyond the reach of doubt the ultimate success of every object contemplated by the Institution.

Lord Clarendon then read some extracts from a satisfactory and highly encouraging report of the Council, stating the number of the pupils, the class in society to which they belonged, &c.; and concluded by commenting on the benefit which the College was likely to confer on the agricultural classes at this juncture, by enabling them to meet, by improved methods of tillage, the difficulties in which they were about to be placed from foreign competition.

Dr. Gardner, the Secretary, then read an address, which entered into and described more fully the objects of the institution, as intended to associate gentlemen representing all the professions, sciences, arts, and manufactures, based upon or connected with chemistry. A laboratory, where practical instruction might be obtained by students at a moderate expense, according to the methods which experience has proved to be the best and most efficient, was essential; and it is imperative that such a school should be assisted by funds irrespective of the fees paid by the students. The history of science proved that the teaching of chemistry could not be entrusted to individual effort, nor to institutions for general education. The address went on to state that the present condition of the institution was most encouraging, and the council felt confident of carrying into effect all the measures contemplated in its establishment. They had already been successful in establishing a working laboratory, and the course of study followed out in the school was adapted to make the students well grounded in practical analysis, the foundation of the whole science. Anticipating the necessary increase of the school, the council had already commenced the erection of a suitable building for the laboratories. It was now intended to hold evening meetings of members—to publish reports of the progress of the science—to take measures for carrying out original investigations—to establish departments for applied chemistry,—and, when the number of subscribers reached 1000, (which number was nearly complete,) to obtain a charter of incorporation, limiting the number of members and extending the privileges to be enjoyed by them as founders of the college.

A paper upon the microscope as applied to chemistry, written by Dr. John Davy, was read by Mr. Dalrymple.

A unanimous and cordial vote of thanks was then given to the noble chairman, who briefly acknowledged the compliment, and expressed the pleasure it gave him in being able to assist in any way so excellent an institution.

TESTIMONIAL TO DR. LEE OF ASHBOURN.

A most interesting testimonial to professional ability and private worth was presented this day by the inhabitants of Market Bosworth and its neighbourhood, to Dr. John Lee, who has lately gone to reside at Ashbourn, in Derbyshire. The presentation took place at a public breakfast.

Richard Smith, Esq., of Sutton Cheney, addressed Dr. Lee in the following terms:—"I am deputed by a numerous class of your friends, to offer to you a memorial of the regard and esteem in which you were held, and the high value placed on your professional character, during the time you lived here. I much regret the absence of those more able to do justice to our feelings on this interesting occasion than I am, but this I can affirm, that it is owing, under Providence, to your skill and ability, that I am here this day. It must be highly satisfactory to you to reflect that the opinions and views you took of my case, at the time I met with so serious an accident, were confirmed by two men so eminent in their profession as Mr. Jukes and Mr. Chevasse. They, together with other medical friends, have seen me since my recovery, and have one and all spoken in high terms of the cure. I may truly be said to have one limb in the grave, but that I am here to-day is, as I said before, to be attributed to your kind and judicious management. I do not stand alone in the opinion I have expressed of your skill and ability; all here present can testify to the same, and this memorial is offered to your acceptance, in token of our approval and satisfaction of your professional and private character. I have therefore, in the name of all your old friends and patients, to request your acceptance of this tea-service, with our best and earnest wishes for your happiness and success in the new scene of your labours."

Dr. Lee, in reply, said, "My kind friends, there are times when words seem too feeble to express the feelings that are passing within;—such, I can assure you, is my case at this moment. I feel most deeply and gratefully your kindness, at the same time, I feel my own inability to do justice to my sense of it, and also how unworthy I am of this manifestation of your goodness. The honour you have this day conferred upon me claims my warmest gratitude. In ordinary circumstances it would have been a source of pleasure and gratification to me to have revisited this place; I could not but have recollected that here I had passed many happy years;—that here my children had been born;—that here, surrounded by many kind and good friends, I had long practiced my profession. These, I say, would at any time be to me a subject matter of interest and gratification; but you have inspired me with feelings of pride as well as gratification, for I cannot but feel proportionally proud as well as gratified, when I receive at your hands such a token of your approbation,—such a tribute of your confidence in my professional, and in my private character. In the

practice of our profession a great source of happiness arises in the feeling of benevolence, in connection with the feeling that we are workmen, doing the will of our Heavenly master. Ours is a profession of usefulness and of deep responsibility also. There is no profession or vocation, except the clerical, in which the duties are so arduous, and the events issuing in life or death, so important. Though our duties are arduous, our prospect is often cheering. To the medical man the life of a fellow-creature is an object worthy of his noblest efforts; and these efforts will often concentrate every power of his mind into the most anxiously intense and even pleasurable excitement. I accept with all sincerity, this willing offering of your esteem and regard—an offering not the less honourable to the humble individual who receives, than to you who confer it; and may He whose Providence ruleth over all, bless, preserve, and keep you."

The Rev. R. V. Whitby addressed the meeting, and stated a fact which must be highly gratifying to his friend Dr. Lee viz, that not a single individual had been asked to contribute,—all was voluntary; the intention was made known, and every one was left to give freely and without solicitation.

The Rev. Dr. Evans also addressed the company in a short and appropriate speech.

The testimonial, a tea-service of the most elegant pattern, and of very solid materials, bears the following inscription:—

"Presented to John Lee, Esq., M.D., by the inhabitants of Market Bosworth and its neighbourhood, in grateful remembrance of his long and successful practice, his unwearied interest in the poor, and his many endearing social virtues. June 1, 1846."

FEEs TO MEDICAL WITNESSES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Some time previous to the last assizes I was bound over by the Coroner, in recognizances, to appear and give evidence. The assizes commenced on a Saturday morning, and the trial came on the Tuesday afternoon following, and did not finish until nine o'clock in the evening. Before I left the court I applied to the Clerk of Assize, to ascertain what fees I was entitled to, his reply was "two guineas a day, without travelling expenses, or one guinea with." A short time after the assizes, I received from a professional gentleman in the town, acting for the one who conducted the prosecution, eight guineas, being six guineas for myself, and two for Dr. S—, who attended only one day. Having been detained in the assize town for so many days, I considered myself entitled to at least four days' fees. I then wrote to the Clerk of Assize, complaining of the sum I had received. His answer is this:—

"The allowance for you was eight guineas, and for Dr. S— four guineas,"

I then wrote to the attorney who conducted the case, and enclosed him a copy of the letter. A few days afterwards I received a communication from the gentleman who paid me the previous sums, saying that on looking over the account, he found he had made a

mistake, and sent me two guineas more. Still, according to the above note we were, deficient two guineas, for which I have applied to the attorney conducting the case, but have received no answer, at which I am not at all surprised, for the man who could be guilty of the former act, must be totally ignorant of the courtesy amongst gentlemen.

I must now explain some matters which have lately come to my knowledge. The sum allowed by the county to attorneys for the prosecution of felons is so small, that *they* employ an attorney in the assize town, who, not content with that allowance, "nibbles" a little bit off each witness, by way of indemnifying himself, and in my case rather a large "nibble."

I have thought it advisable to state these facts, that in the event of any of my professional brethren encountering the same sort of man I have, they may know how to proceed—*Write to the Clerk of Assize.*

I am, Sir, your obedient servant,

CHIRURGUS.

[The foregoing letter is authenticated with the writer's name and address.—ED.]

PUBLIC BATHS.

The humble petition of the undersigned Physicians and Surgeons of the town and county of the town of Southampton, Sheweth,—

That disease is constantly occasioned and aggravated among the labouring classes and the poor by their want of personal and domestic cleanliness, and the overcrowding of their dwellings, in very many cases, renders their cultivation of habits of cleanliness almost impossible.

That the rich are deeply interested in the health of the poor, not only on economic grounds, but also because many infectious disorders, which eventually attack individuals of all ranks, originate in, and spread from, the densely crowded quarters inhabited by those who are the poorest.

That, if the labouring and poorer classes had opportunities of bathing frequently, and the means of washing and drying their clothes, out of the rooms in which they live, at a moderate expense, their condition would be, in some respects, greatly improved, and the consequences of their availing themselves of those opportunities would be beneficial to all classes.

Your petitioners therefore humbly pray, that your Right Honourable House will be pleased to pass such a law to enable all boroughs and parishes, desirous of adopting it, to establish public baths and wash-houses as to your wisdom shall seem fit,

And your petitioners will ever pray, &c.

Signed by all the physicians and surgeons practising in Southampton.

The petition to the House of Lords is to be presented by the Duke of Buccleuch, and that to the House of Commons by H. St. John Mildmay, Esq., M.P., who will support Sir Henry Dukinfield's bill, for the establishment of Public Baths and Wash-houses by Boroughs and Parishes, which is to be brought into the House of Commons by Sir George Grey, Lord Courtenay, and Mr. B. Hawes, and into the House of Lords by the Bishop of London.

**METEOROLOGICAL JOURNAL FOR
MAY, 1846.**

Kept at Sidmouth,

BY W. H. CULLEN, M.D., SURGEON.

Mean of External Thermometer at 9 A.M.	57.03
. 9 P.M.	56.12
. the Maxima,	63.57
. Minima,	47.62
Absolute Mean	55.49
. of ten preceding years.	54.79
Extreme highest on the 26th	71.
. . lowest, . . 16th	40.75
. . range	30.25
Mean daily	15.54
. . Dewpoint at 9 A.M.	48.53
. 9 P.M.	49.30
Mean of Barometer at 9 A.M.	30.028
. 9 P.M.	30.041
Extreme highest on the 29th	30.520
. . . lowest on the 18th	29.150
. . range	1.370
Number of days fine	17
. dull	4
. on which any rain fell . . .	9
Quantity of rain in inches	1.08

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
2	4	1	10	5	2	3	4

ROYAL COLLEGE OF SURGEONS OF
IRELAND.

On Monday, June 1st, the College met, pursuant to charter, to elect officers to serve for the ensuing year, when the following gentlemen were elected :—

President.—Samuel Wilmot, Esq. *Vice-President.*—J. W. Cusack, Esq. *Secretary.*—Alexander Read, Esq. *Council.*—Sir Philip Crompton, Bart; Alexander Read; William Auchinleck; Richard Carmichael; James Kerin; Arthur Jacob; William Henry Porter; William Tagert; Thomas E. Beatty; William Hargrave; Charles Benson; Andrew Ellis; Robert C. Williams; Robert Harrison; Launcelot Armstrong; Leonard Trant; Francis Rynd; Robert Adams; James Barker.

MEDICAL INTELLIGENCE.

Cæsar Hawkins, Esq., Surgeon to St. George's Hospital, has been appointed Examiner in Surgery in the University of London, in the room of Mr. Bacot, resigned.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, June 12, 1846:—P. H. West; J. E. Watson; J. Smith; J. D. Simmie; A. M. Young; J. Whicher; J. T. Rowland; E. Reckitt; W. H. Ransom; J. Masters; G. McCarthy.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, June 4, 1846:—Frederick Robert Knight, Australia; John Henry Eddowes, Loughborough; John Elliott Wood, Rochdale; Thomas Joshua Heaton, Standish, Lancashire; Peter Royle, Manchester; Robert Roper, Botesdale; Francis Leopold Hooper, Great Canfield, Essex; Thomas Benjamin Washington Buckler, India; John Lawrence Johnston, Penrith.

**PROVINCIAL MEDICAL AND SURGICAL
ASSOCIATION.**

NOTICE TO MEMBERS.

Those gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due, either to the Secretary of the District in which they reside, to the Treasurer, or to the Secretary of the Association, on or before the 30th instant, as the accounts will then be made up for the Anniversary Meeting.

ROBERT J. N. STREETEN, Secretary.

BATH AND BRISTOL BRANCH.

The Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, will be held at Bath, on Thursday, the 18th instant.

SOUTH EASTERN BRANCH.

**The Annual Meeting of the South-Eastern Branch
of the Provincial Medical and Surgical Association
will be held at Ashford, on Wednesday, the 24th
instant.**

YORKSHIRE BRANCH.

The Annual Meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association, will be held at York, on Thursday, 25th instant.

NEWTON BRANCH.

The Annual Meeting of the Newton Branch of the Provincial Medical and Surgical Association, will be held at Manchester, on Thursday, the 25th instant.

BOOK RECEIVED.

The Economy of the Animal Kingdom, considered Anatomically, Physically, and Philosophically. By Emanuel Swedenborg, Fellow of the Royal Academy of Sciences of Upsala, &c. &c. Translated from the Latin by the Rev. Augustus Clissold, M.A. London: Newbery. 1845-46. 2 vols., 8vo.

TO CORRESPONDENTS.

**Communications have been received from Mr. Dayman;
Dr. Holme ; Dr. Favell.**

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

RAY SOCIETY.

INSTITUTED 1844.

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THE LAWS OF THE RAY SOCIETY.

I. **T**HAT this Society shall be called "THE RAY SOCIETY;" and that its object shall be the promotion of Natural History, by the printing of original works in Zoology and Botany, of new editions of works of established merit, of rare tracts and MSS., and of translations and reprints of foreign works which are generally inaccessible from the language in which they are written, or from the manner in which they have been published.

N.B.—It will be a direction to the Council that they shall not print anything that appears to them suitable to the transactions of established societies, nor any work which a respectable publisher shall undertake to publish without charge to the author.

II. Every subscriber of one guinea annually to be considered a Member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no Member shall incur any liability beyond the annual subscription.

III. That the annual subscriptions shall be paid in advance, and considered to be due on the 2nd day of February in each year; and that such Members as do not signify their intention to withdraw from the Society before the 2nd day of June, shall be considered to continue Members, and be liable for the year's subscription.

IV. The management of the Society shall be vested in a Council of Twenty-one Members, of whom one-third shall have their stated residences in London, and all of whom shall be eligible for re-election at the annual meeting.

V. That the Council hereafter shall be elected by the Members, at a meeting to be held at the time and place of the meeting of the British Association for the Advancement of Science, and that no Member whose subscription is in arrear be allowed to vote at any meetings.

VI. That the Council shall elect two Secretaries (one of whom shall be resident in London), and a Treasurer, who shall *ex officio* be Members of the Council.

VII. The annual subscription shall be deposited in a chartered bank, in the name of the Treasurer and two Members of the Council.

VIII. The accounts of the receipt and expenditure of the Society shall be examined annually by two Auditors appointed by the Council; the Auditors to be Members of the Society, who are not Members of Council, and their statement circulated among the subscribers.

IX. That the number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual Subscribers who shall have been enrolled, and paid their subscriptions, on or before the 2nd day of June.

X. That the Editors of works published by the Society be entitled to a number of copies, not exceeding twenty, as may be decided by the Council.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Members will re-assemble, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together; and at twelve o'clock the same day a General Meeting of the Members will again be held, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Bury St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together. Further particulars of the arrangements will be given in further numbers.

Members who are desirous of communicating cases or papers to the Meeting, are requested to intimate their wishes to the Secretary of the Association, on or before the 1st of August.

The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

 Orders and Advertisements are received by DEIGHTON AND CO., Worcester; and in London by

Mr. Churchill, Princes Street, Soho.
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Mr. S. Deacon, 3, Walbrook.
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WEDNESDAY, JUNE 17, 1846.

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ADVERTISEMENTS.

On the 1st of July, Vol. III., bound in cloth, Price 6s. 6d.,

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES;

Being a Practical and Analytical Digest of the Contents
of the Principal British and Continental Medical Works
published in the preceding Half-Year; together with a
Critical Report of the Progress of Medicine and the
Collateral Sciences during the same period. Edited by
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General Hospital.

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UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, That the FIRST
EXAMINATION for the Degree of BACHELOR
OF MEDICINE will commence on MONDAY, the 3rd
of AUGUST.

The restriction of age formerly imposed on Candidates
for Honours is now removed.

The Certificates required must be transmitted to the
Registrar fourteen days before the commencement of
the Examination.

By order of the Senate,

R. W. ROTHMAN,
Registrar.

Somerset House,
June 15th, 1846.

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E. LANKESTER, M.D., F.R.S., F.L.S., 22, Old Burlington Street, London.

THE LAWS OF THE RAY SOCIETY.

I. THAT this Society shall be called "THE RAY SOCIETY;" and that its object shall be the promotion of Natural History, by the printing of original works in Zoology and Botany, of new editions of works of established merit, of rare tracts and MSS., and of translations and reprints of foreign works which are generally inaccessible from the language in which they are written, or from the manner in which they have been published.

N.B.—It will be a direction to the Council that they shall not print anything that appears to them suitable to the transactions of established societies, nor any work which a respectable publisher shall undertake to publish without charge to the author.

II. Every subscriber of one guinea annually to be considered a Member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no Member shall incur any liability beyond the annual subscription.

III. That the annual subscriptions shall be paid in advance, and considered to be due on the 2nd day of February in each year; and that such Members as do not signify their intention to withdraw from the Society before the 2nd day of June, shall be considered to continue Members, and be liable for the year's subscription.

IV. The management of the Society shall be vested in a Council of Twenty-one Members, of whom one-third shall have their stated residences in London, and all of whom shall be eligible for re-election at the annual meeting.

V. That the Council hereafter shall be elected by the Members, at a meeting to be held at the time and place of the meeting of the British Association for the Advancement of Science, and that no Member whose subscription is in arrear be allowed to vote at any meetings.

VI. That the Council shall elect two Secretaries (one of whom shall be resident in London), and a Treasurer, who shall *ex officio* be Members of the Council.

VII. The annual subscription shall be deposited in a chartered bank, in the name of the Treasurer and two Members of the Council.

VIII. The accounts of the receipt and expenditure of the Society shall be examined annually by two Auditors appointed by the Council; the Auditors to be Members of the Society, who are not Members of Council, and their statement circulated among the subscribers.

IX. That the number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual Subscribers who shall have been enrolled, and paid their subscriptions, on or before the 2nd day of June.

X. That the Editors of works published by the Society be entitled to a number of copies, not exceeding twenty, as may be decided by the Council.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURES.

By CHARLES F. FAVELL, M.D., Physician to the
Sheffield General Infirmary, &c.

LECTURE VI.

SPINAL IRRITATION.

I wish this evening to direct your attention to two cases which differ materially from each other in their general features, but which are nevertheless most intimately allied, inasmuch as they both spring from the same cause. These cases deserve your special attention, because whilst they are by no means of unfrequent occurrence, they are yet often mistaken, and, consequently, improperly treated. You will find this last remark confirmed by the particulars of the second case which I shall relate.

Edward Bilton, aged 26, a butler, was admitted into the Infirmary on the 3rd of January. His occupation had exposed him to peculiar temptation, and he had lived pretty freely. For two months previous to his admission he had been out of a situation, and consequently, he had taken much smaller quantity of stimuli than he had been accustomed to. At the time of his admission he chiefly complained of severe cramps in the inferior extremities, which almost entirely prevented him walking by day or sleeping by night. He stated that he had been suffering from the spasms for three weeks, and he was unable to assign any cause for their commencement. He had not been exposed to cold, neither had he sustained any injury. He said that if it were not for the cramps he should be quite well, and that he had no other pain nor uneasiness to complain of, except the spasm in his legs. The bowels were very much confined, and he stated that for the last nine weeks he had only been moved once a week. When firm pressure was made over the lower portion of the dorsal vertebræ he complained of considerable pain and tenderness. The same amount of pressure exerted on any other part of the spinal column produced no uneasiness. He was ordered to be cupped over the tender portion of the spine, to take a dose of colocynth and hyoscyamus at bed-time, and a purging draught on the following morning. At the next visit the bowels had not been moved, but he expressed himself as having been greatly relieved by the cupping, which he said had entirely removed the cramp; the pain and tenderness on pressure were also gone. A strong purging mixture with jalap and infusion of senna was prescribed for him, which acted freely on the bowels, and there was no return of the spasms.

But although he was thus speedily relieved of the painful affection for which he came into the house, it

was some weeks before he was perfectly restored to health and fit to be discharged. Very shortly after he had ceased to suffer from the cramp, he began to complain of numbness of the legs, which prevented him walking, and there was a slight return of the tenderness over the dorsal vertebræ. For the removal of these symptoms it was necessary to have recourse to leeches and blistering. The leeches were only once applied, but it was necessary to repeat the blister over the tender portion of the spinal column more than once before the numbness was entirely removed. At the end of a month he was free from complaint, and he was discharged cured. There is one circumstance, however, which occurred during the course of treatment, that has not yet been noticed, but which it is important you should bear in mind. I allude to the sudden appearance of extreme exhaustion after he had been in the house about ten days. He complained of being exceedingly feeble, his countenance was sunken, and his pulse extremely weak and fluttering. He was ordered to take an ounce of port wine every four hours, and he speedily rallied.

Now, the prostration could not be altogether attributed to the loss of blood nor to the depressing influence of the other remedies employed, but was doubtless in a great measure owing to the withdrawal of the stimulants to which he had been for a long time accustomed. When persons have habitually indulged in the use of stimulating drinks, we generally find that they do not bear their sudden and total withdrawal. The constitution has been so long used to the artificial stimulus, that the powers of life soon begin to flag when it is removed. So it was in the present case, and therefore the free administration of wine became necessary, although it was needful at the same time to be applying leeches and blisters. It is always important to watch such cases, for in all probability they will proceed to a fatal termination, unless you timely attend to the indication we are considering. But I proceed to notice the particulars of the second case.

Sarah Ann Hooper, a plump well-formed girl, aged 18, was admitted December 13, 1845, complaining of severe pain in the left side. She is occupied as a servant, but has not been able to attend to her duties for the last eight weeks, in consequence of the pain in her side. She has had no cough and no fever. The pulse was moderate, the skin cool, bowels open, catamenia regular. About a fortnight before her admission she applied for assistance to a surgeon, who told her she had got pleurisy. He bled her, and applied a blister to her side, but from these measures she did not experience any relief, and consequently

became a patient at the Infirmary. On examining the action of the two sides during respiration, not the slightest difference could be perceived in their motion; there was no dulness on percussion, and not the slightest frottement. These negative physical signs were sufficient to show that the case was not one of pleurisy. Pressure along the upper portion of the dorsal vertebræ occasioned considerable pain, and she said it also increased the pain in her side. She was ordered to lie on a prone couch; leeches were applied to the tender portion of the spine, and repeated three or four times, till the extreme tenderness was removed. She had, subsequently, three or four small blisters applied to the same part, and afterwards counter-irritation was kept up for some time by the use of the croton-oil liniment. She was discharged cured.

After having thus related the particulars of these two cases, and the mode of treatment by which they were cured, it is scarcely necessary for me to say that the symptoms in each case depended upon an abnormal state of the nerves proceeding from the spinal marrow—they were both cases of what is usually called spinal irritation. Now, on the nature of this affection, I wish to make a few remarks.

In the first place it is necessary that you should understand the meaning of the term which has just been used—spinal irritation. Without pretending, however, to enter into any precise definition, I will only remark that spinal irritation is characterised by morbid sensibility of certain nerves proceeding from the spinal cord, and by a preternatural susceptibility of the cord or its coverings, to external impressions. You will observe that both these features of the affection were very well marked in the cases which have been already detailed; in one case the morbid sensibility of the nerves was evidenced by painful cramps in the lower extremities, and in the other by constant and severe pain in the side; whilst pressure over the same portion of the spinal column occasioned pain and uneasiness in both.

It is further worthy of remark, that whilst the nervous centre is the seat of the disorder, the pain is situated in some distant part. On what, then, does this abnormal state of things depend? In other words, what is the immediate and efficient cause of spinal irritation? On this subject we find that pathologists entertain very different opinions. Some regard it as consisting in nothing more than mere functional disturbance; whilst others believe it to be the consequence of some organic lesion of the cord or its coverings. For my own part I believe the affection depends upon a hyperæmic condition of the blood-vessels at the origin of the spinal nerves, and I am chiefly induced to adopt this opinion from two considerations—the influence of pressure, and the effect of treatment.

Now let us notice these two particulars. 1st. *Pressure.* You are of course aware that when any of the tissues of the body are the seat of acute or chronic inflammation, the pain which results is augmented by pressure. Thus, in cases of peritonitis, the abdomen is intolerant of even very slight pressure; in cases of gastro-enteritis, the effect of the pressure often determines our opinion respecting the nature of the disease; and in pleurisy and pericarditis also, pressure in the intercostal spaces, or even upon the

ribs, greatly aggravates the pain; and in like manner, in the cases under consideration, pain and tenderness are experienced by the patients when pressure is exerted upon a portion of the spinal column. But there are two objections which may be urged against the value of the indication we are at present considering—the influence of pressure in causing an increase of pain. *It may be urged first, that the spinal cord, with its membranes, is too securely protected by the bony canal through which it passes to be liable to be influenced by any moderate amount of pressure which may be employed above it; and, secondly, that in many cases of simple hysteria, the apparent suffering occasioned by pressure on the spine, is quite as great as in the cases under consideration.* Let us briefly notice each of these objections.

1st. *The spinal cord and its membranes are removed from the influence of pressure by the bony canal through which it passes.* Now, to this objection, a three-fold reply may be returned. In the first place it may be remarked, that if the cord be really so completely removed from the influence of pressure as the objection assumes, then, except the vertebræ themselves be diseased, every portion of the spinal column should be alike sensible or insensible when pressure is exerted along the course of it. But this we know is not so. In the two cases which have been recorded, the tenderness, or increased sensibility, was circumscribed. It existed over one particular portion of the spinal column, and when the same amount of pressure was exerted over all the rest, it occasioned no tenderness, no pain, no inconvenience. Hence we may fairly infer the possibility of affecting the cord or its membranes, in certain morbid conditions of one or the other, by pressure being exerted along the vertebral column.

Secondly, the peculiar anatomical arrangement of the blood-vessels of the spinal cord render it extremely probable that the cord should be influenced by external pressure. "The spinal cord and the nerves which emerge from it," says Dr. Todd, "are surrounded by a venous anastomosis of remarkable complexity. These veins do not possess valves; they communicate freely with the superficial veins, and with the numerous muscular veins in the region of the back." Now the very circumstance of this free communication existing between the blood-vessels of the cord and the superficial veins of the back, is not only an *a fortiori* argument in proof of the possibility of affecting the cord or its membranes by external agency, but it also satisfactorily accounts for the facts for which I am contending. In other words, we see not only why such should be the case, but also the mode in which it operates.

Thirdly, in cases of unequivocal spinal meningitis, pressure or percussion along the course of the vertebræ increases the local pain from which patients suffer. I can vouch for the correctness of this remark from cases which have fallen under my own personal observation.

But I hasten to notice the second objection to which I have adverted.

2nd. *In many cases of simple hysteria it is contended the apparent suffering occasioned by pressure on the spine, is quite as great as in the particular class of cases at present engaging our attention.* Now, to this objection I may return again a three-fold reply,

In the first place I remark, that in cases of pure hysteria, the pain of which patients complain when pressure is made upon the spinal column is not circumscribed—it is not confined to some particular locality, but on the contrary, is equally great over every portion of the vertebræ; and moreover, it is not confined to the spinal column, but is of equal severity when the pressure is directed upon the fleshy parts of the back, on each side of the vertebræ.

Secondly, I observe, that whilst in cases of spinal irritation the suffering of the patient evidently increases with the increase of pressure which is employed, this is not the case in hysteria. In this latter affection, the *apparent* suffering of the patient bears no proper proportion to the pressure. Hence we not unfrequently find that in hysterical subjects, the slightest touch with the finger over any part of the back will cause them to cringe and give way, to sob, and gasp, and exclaim, whilst a considerable addition to the pressure scarcely, if at all, increases their distress. But we must further bear in mind that this morbid sensibility in cases of hysteria is not confined to the back, but is manifest in other parts of the body; pressure on the sternum or on the sides will occasion precisely similar indications of uneasiness or pain. We often perceive in these cases, that merely placing the hand or even the finger on the sternum or abdomen, without exerting the slightest pressure, the patient shrinks in a moment, as if the suffering which was induced was almost intolerable.

Thirdly, I remark that the immediate seat of the morbid sensibility which exists in hysteria, is obviously the common integument; hence, if a portion be taken up between the finger and thumb, as much distress is occasioned to the patient as if any amount of pressure were exerted upon the spinal column.

Having thus disposed of the two objections which are most frequently urged against the indication which is afforded by pressure on the spine, I proceed to notice, in the next place, the effect of treatment, as corroborative of the view I have taken of the nature of the affection which is the subject of our present observation. And here I may observe, in general, that the method of treatment which affords the most speedy and effectual relief, is precisely that which is best adapted to relieve a state of local hyperæmia. I direct your attention to three remedies in particular—rest, the abstraction of blood, and vesication.

1. *Rest*.—In all cases of local hyperæmia rest is an important means of cure. So long as patients are going about their usual occupations and work, especially so long as they are actively employing the organ which is the immediate seat of disease, the use of remedies is fruitless. The truth of this remark is abundantly confirmed by what we witness every day; and it is also corroborated by what we often see in cases of spinal irritation. In these latter cases the general health is frequently so little disturbed, that persons are unwilling to submit to the degree of confinement which is necessary, and the consequence is, that they do not obtain the relief which they desire. I need scarcely observe, that in order to secure the greatest amount of rest in all cases where the spinal marrow, its membranes, or the nerves proceeding from it, are the seat of morbid irritability, a patient should be confined as much as possible, to the recumbent posture.

But I must further remark that, according to my experience, it is not a matter of indifference whether a person lies prone or supine. The former position is decidedly preferable, and hence I generally have my patients placed on a prone couch. The advantages which appear to me to result from this practice are, first, that the common effects of gravitation are obviated; and, secondly, that the necessary remedies are much more conveniently applied.

2. *Abstraction of blood*.—The relief which is afforded by topical bleeding in cases of spinal irritation is generally very great and often immediate. It was so in the first of the cases which I have detailed. The cramps ceased and the tenderness on pressure disappeared immediately after the patient had been cupped. The previously constipated state of the bowels of this man, (they had not been moved for a week, and only nine times during the preceding nine weeks,) may possibly, by some persons, be regarded as sufficient to account for the symptoms under which he was labouring at the time of his admission. But that this was not the cause of his sufferings is obvious from the immediate relief which followed the abstraction of blood, more than twenty-four hours before the purgative medicine had produced any effect upon the bowels. The simultaneous disappearance of the cramps in the extremities, and the pain and tenderness over a limited portion of the spinal column, is further sufficient to connect the two together in the relation of cause and effect. But although the relief which results from bleeding is often so speedily manifest, yet it is not so in all cases. Sometimes the operation has to be repeated several times before any mitigation of the symptoms takes place, and in other instances relapses occur, which render it necessary to have recourse to the same means again and again. In the case of Bilton, we perceive that although he was so perfectly relieved by the cupping, yet some days afterwards he complained of numbness of his legs, which prevented him walking, and there was at the same time a return of the tenderness over the spine. For the relief of these symptoms, which I believe were occasioned by congestion of the vessels of the spinal cord, leeches were applied to the tender portion of the spine, and it was subsequently necessary to apply two blisters. In a case which fell under my observation a short time since, the cupping had to be repeated more than a dozen times, but on each occasion the relief afforded was very marked and considerable.

3. *Vesication*.—The application of blisters in cases of spinal irritation, is often productive of great relief: but in these cases, as in cases of inflammation of internal organs, they are not equally serviceable at every period of the disease. If blisters be applied at too early a period, before the congested blood-vessels have been relieved by the abstraction of blood, they do not, in recent cases at least, afford an adequate amount of relief, but on the contrary, they produce a considerable degree of irritation, and occasion a very much greater amount of pain than they do if they are employed later. I have more than once seen persons who were very tolerant of pain, and accustomed to the application of blisters, who, nevertheless, when suffering from spinal irritation, complained of the pain arising from a blister applied at too early a period, as being exceedingly severe, and almost intolerable. It is

frequently found to be desirable to employ counter-irritation for a while after the more urgent symptoms have been overcome. Hence, you will recollect, that in the case of Sarah Ann Hooper, after she had been greatly relieved by leeches and blisters, as some uneasiness remained about the side, and slight pain was occasioned by pressure over the upper part of the dorsal portion of the spinal column, she was ordered to have the back rubbed with the croton-oil liniment, which had the effect of producing a plentiful eruption, and ultimately removing the disease.

With respect to medicines in this affection, I shall only observe, that beyond regulating the state of the bowels they are of no use.

Before leaving the subject I may remark, that in some cases of spinal irritation, the patients are suddenly plunged into very considerable danger, by the occurrence of symptoms of disturbed cerebral irritation. In illustration of this I may briefly mention the particulars of a case which I saw some months ago. The patient was a female, about 40 years of age, who had been suffering from a long time from pain in the side, which her medical attendant regarded as pleuritic. The remedies which had been employed had failed to afford her relief. When I saw her she was lying in bed and complaining of constant and severe pain in the side, which, however, was not increased by inspiration. She had no cough; the skin was cool; pulse rather quick but feeble. On examining the side with the stethoscope, no friction could be detected. When pressure was made on the upper portion of the dorsal vertebrae she immediately complained of great pain and tenderness, and said that it greatly aggravated the pain in her side. In this case then, the affection of the side obviously depended upon the morbid state of the spinal nerves. Remedies were accordingly applied to the tender portion of the spine, and the side was relieved. She continued to go on very well, till one day, about a fortnight after my first visit, I found her partially paralytic; she soon fell into a state of coma, and died, with all the symptoms of profound apoplexy.

I have alluded to the foregoing case for two reasons: first, to shew you the jealousy with which you ought to regard the earliest and slightest indications of cerebral disturbance in these cases; and, secondly, because the occurrence of these symptoms is strikingly analogous with what we know takes place in cases of undoubted inflammation of the spinal cord or its membranes; and this is a further confirmation of the views which I have been advocating respecting the nature of spinal irritation.

ON THE EFFECTS OF THE SUB-SULPHATE OF MERCURY, (TURPETH MINERAL,) AS AN EMETIC.

By DR. HUBBARD, of Hallowell, Maine, United States.

(Read before the Philadelphia College of Physicians, October 7th, 1845.)*

My attention was first directed to the use of this substance, from feeling the want of some article, reliable, as an emetic of certain, prompt, efficient, and safe action, with the least tendency to run off by the bowels. For, whatever may be thought of the value

of emetico-cathartics in many other cases, it must be admitted by all that simple emesis is, in many pathological conditions, alone desirable; and that its complication with catharsis will, in such conditions, not only defeat the beneficial effects of the emesis, but will prove positively injurious, and often extremely hazardous. It is under precisely such conditions of the system, that the emetics in common use, such as tartarized antimony, ipecacuanha, sulphate of zinc, &c., will most frequently fail of producing efficient emesis, and are most liable to run off by the bowels. There are certain diseases—for instance, croup, and scarlatina maligna—during all the stages of which, there is great insensibility of the stomach to the impression of emetics, and, when procured by inordinate doses, emesis is likely to be very imperfect, and to be followed by catharsis. The same insensibility also exists in all diseases, under circumstances of great prostration of the system, whether that prostration be owing to the violence of the disease or to its duration.

Every practitioner of experience must have felt the importance of availing himself, under some of the above-named pathological conditions, of the revellent and equalizing effect of simple emesis; and he must also have experienced the difficulty and uncertainty of obtaining it by any of the emetic substances in common use. Take, for instance, a case of spasmodic and intermittent croup:—The patient is suddenly seized, for the most part in the night, with croupy cough and spasmodic breathing, which symptoms continue, attended with great distress and anxiety, for several hours, and then pass off to return on the succeeding night with redoubled violence. In many instances, the intermissions of all morbid phenomena have been so perfect, as to lull the friends of the little sufferer into a fatal security, until, by the accumulated power of repeated paroxysms, the patient is overwhelmed with disease, almost beyond the hope of recovery; when, for the first time, medical aid is called for. A single case will better illustrate the difficulties the physician has to encounter than any general description.

I was called in the night of February 5, 1845, to see Miss C., aged about twelve years. In the three preceding nights, at about the same hour, she had been seized with paroxysms, similar to the one in which I found her,—each one continuing several hours, each of progressively increased severity, and each leaving her able to be about, during the day, with respiration so easy as to excite no alarm, and only a slight croupy cough. I found her with breathing extremely quick, laborious, and stridulous, the chest heaving with convulsive throes, the countenance livid, the eyes wild and distracted, extreme jactitation, the pulse thread-like, vacillating, and too rapid to be counted, the extremities, up to the body, of an icy coldness, in short, the patient appeared like one in the last agonies. Strong rubefacients were immediately applied to the whole surface, sinapisms to the spine and extremities, and heated blankets to the lower limbs. As soon as she could swallow,—for deglutition was at first extremely difficult,—five grains of the *turpeth mineral* were given at once, and followed with the free use of mustard whey; this not vomiting her, after fifteen minutes I gave her five grains more, immediately upon swallowing which, vomiting commenced, and continued smartly for more than an hour. During

* From the *American Journal of the Medical Sciences*.

this operation, and for some hours after, a free use was made of a decoction of seneka, as a stimulant diaphoretic. Her respiration began to improve immediately on vomiting, and at the end of about four hours, it was comparatively good; the skin open, natural warmth restored, and the circulation equalized. The patient was then put upon the use of the following powder: R. Pulv. Ipecac. Comp., scr. j.; Hydrarg. Chlorid. scr. j.; Camphor. Pulv., grs. xij. M. Ft. chart. No. vj. One to be taken every four hours; a free use to be made of the decoction of seneka in the intervals, and the bowels to be moved after twenty-four hours.

The emetic did not produce purgation. No paroxysm of difficult breathing returned. In forty-eight hours my attendance ceased. I know of no other emetic substance that would have effectually met such a case. Ipecacuanha, sulphate of zinc, &c., would have proved too feeble at best; tartarized antimony would, I conceive, have been hazardous, from its nauseating and sedative effect, setting aside the uncertainty of its procuring emesis in any reasonable dose, and the almost certainty of its producing exhausting catharsis. I repeat, then, that in this form and condition of croup, my experience furnishes me with no substitute for the *turpeth mineral* as an emetic.

In the more inflammatory and less paroxysmal forms of this disease, with decided arterial excitement and hot skin from the commencement, tartarized antimony, as a nauseant and emetic, may be, and undoubtedly is, with certain limitations, preferable. Still I must say, that in all stages and conditions of this disease, where the equalizing and revellent effect of emesis is alone desired, I have never regretted having used the *turpeth mineral*, in preference to all other emetics.

These remarks might easily be extended to the use of this remedy in some other forms of disease, and especially in some of the anginous affections. The hints above given will, however, enable the experienced physician to determine its applicability to such conditions.

It remains only to say a few words upon the peculiarity of this substance as an emetic, and upon some of the objections urged against it. In the first place, the promptness and certainty of its operation belong to no other substance within my knowledge. It has seldom, if ever, failed to vomit efficiently, when administered in a proper dose, in any of the various conditions of the stomach, and of the system, in which I have given it. It usually acts in ten or fifteen minutes, and the dose should be repeated at those intervals, if the first fail, which rarely happens. In efficiency and revellent power, it is not, perhaps, quite equal to the tartarized antimony; it is, however, vastly superior, in these respects, to ipecacuanha, or any other substance known to me. In safety, it is greatly superior to antimony. Its emetic operation usually continues from an hour to an hour and a half, accompanied and followed by none of the distressing nausea, prostration and depletion of antimony; but, on the contrary, leaving the patient with the invigorated feeling arising from equalized warmth and circulation. In its emetic operation it has seldom, never, in my recollection, been accompanied or followed by catharsis.

I have never known it to be violent, nor otherwise than entirely safe in its operation, although I have given it in much larger doses than are usually directed; nor have I ever seen salivation follow its use as an emetic. So safe do I consider it, that in urgent cases I have not hesitated to put my patient under its full emetic operation, two or three times within twenty-four hours; nor have I seen ill consequences result from such practice. I am inclined to think that the dose should be somewhat larger than is usually recommended. From two to three grains may be given to a child two years old, and repeated in ten or fifteen minutes, until emesis is produced. If the first dose fails, the second usually acts as soon as it touches the stomach.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

SCIRRHUS OF THE EYE-BALL.

Dixon Hutchinson, aged 50, cabinet-maker, of Sunderland, a stout, well-proportioned and healthy-looking man, of the sanguineo-nervous temperament. Admitted January 1st, 1846, with great enlargement of the left eye-ball, apparently from the deposition of a malignant tumour. The natural appearance of the eye is altogether destroyed. A ball of hard scirrhous-feeling matter enveloped in a capsule, which has much the look of the sclerotics, (only of a more dusky and injected hue,) with engorged and tortuous veins ramifying over it, and covered by the conjunctiva, fills up completely the orbit, and projects from under the protection of the eyelids, which cannot be made to cover it. Its visible surface is slightly irregular from little lobular elevations, and when the upper eyelid is raised, a circular circumscribed portion of it, resembling in every respect an opaque cornea, is seen to have a whiter and more pearly colour, as if the remains of the front of the eye were there situated, compressed, from being forced forwards by the tumour.

History.—Was engaged fourteen years ago in fitting up a house, where, for nearly a whole day the left side of his face was exposed to a current of cold air coming through an open door, from a little after which time he has had successive attacks of inflammation of that eye at varying intervals. A year after this the eye became by degrees totally blind, but did not in the slightest change from its naturally lucid appearance until three years after, when a more than usually severe inflammation rendered it opaque. A few months after this had a portion of the iris and cornea removed without any benefit, and the eye remained a little collapsed from the operation, until two years ago, when it began to project, and has by continued increase, attained its present size. Has occasional pain of the orbit and left side of the head when much excited, or on exposure to cold; no affection of the other eye; no glandular swellings, and is in perfect health. To have milk diet, a warm bath, two compound rhubarb pills every night, and warm water fomentations frequently to the eye.

13th. Continues well; troubled only now and then by slight pains of the side of the head. Eyeball extracted. Operation performed in the usual manner;

the outer canthus of the eyelids slit along to the outer edge of the orbit; a suture past through the front of the tumour and held by the operators left hand, so as to have the ball under his control; the eyelids retracted, and the contents of the orbit separated on all sides by a scalpel as close as possible to the bone, the suture thread being used to abduct the eyeball from the side required to be divided; the eyeball then drawn forwards, and a pair of probe-pointed scissors curved to the concavity of the roof of the orbit, made to cut across the optic nerve and the deep attachments. The finger being next introduced it was found that all that remained was soft and healthy, and the orbit which was bleeding very profusely, was stuffed with dry lint, a compress placed on the eyelids, and a firm bandage over it.

Vespere.—Easy; hæmorrhage soon subsided after the operation; has slept at intervals.

14th. Slept well; no thirst nor symptomatic fever; plug removed from out of socket, and a piece of lint placed over the eyelids.

16th. No complaint; pain gone; is dressed, and sitting up.

20th. Orbit seen granulating very favourably, and wound of eyelids healed; discharge good and copious.

25th. Going on well; less discharge; appetite keen. Takes the pills, has good diet, and uses a piece of lint to absorb the discharge.

28th. Made an out-patient, as the discharge was very slight, and he felt himself perfectly well.

June. Continues in excellent condition, and without any pain or alteration within the orbit.

The tumour, after its removal, was found enveloped by a capsule of condensed cellular tissue, which surrounded it at every part, and was, in no place, injured by the knife of the operator. It possessed all the characters of genuine scirrhus; was of the size and shape of the orbit; ended rather abruptly behind, where no trace of the optic nerve could be detected; whilst in front a little of the choroid, the optic chambers, and the altered cornea, compressed, and occupying a space of only two or three lines in extent, were the only discoverable remains of the eye, and they were inseparably agglutinated to the surrounding substance of the tumour.

Remarks.—The exposure of the side of the face to the current of air was accidental, and often common to both sides; the cause, therefore, of the frequent attacks of inflammation before the sight of the eye was affected, would seem not to have been this, but most probably to have arisen from the presence of the tumour in its incipient state, or, why should the left eye alone have shown such a peculiar predisposition to become inflamed by the application of the slightest exciting causes, and often, indeed, where there were none appreciable. The loss of vision, without any perceptible change in the eye, was no doubt from the optic nerve having become involved in the tumour, and the operation consequent upon the opacity would appear to have been that for artificial pupil, or staphyloma. The growth of this tumour, as is sometimes seen when the tumours appear in moderately young and healthy subjects, seems to have been extremely slow at its commencement, and indeed, until within the last two years, to have scarcely at all made any progress, although it must be remembered that the

collapse of the eye after the operation must have been very favourable to its enlarging without causing anything observable, especially as the tumour was at the most posterior part, and had to obliterate most of the eye before it became perceptible. Although the removal of malignant tumours from the orbit is so generally attended with unfortunate results, yet a favourable issue may be fairly presumed in this; for the complete manner in which it was encysted, without any secondary glandular affection, its successful and entire removal, and its having existed in a dormant state so long without any apparent alteration of the condition of the system, are together, circumstances which strongly encourage the most favourable prognosis, independent of the very pleasing way in which things have gone on since the operation.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 24, 1846.

As the annual meetings of several of the Branches of the Association are called for the present week, we would briefly remind the members of the advantages of these meetings, as affording to such as may be unable to be present at the approaching Anniversary, an opportunity of expressing their opinions on the various objects and proceedings of the Association. The Branch Associations are every year becoming more important, as constituting so many centres, from which the General Association may collect the views of its members on subjects which interest and concern the whole body of provincial practitioners; and thus be enabled, wherever there is any real unity of purpose among the members, to act with confidence and effect in the promotion of measures intended to benefit them. An extension of the system of Branch meetings throughout the whole sphere of the Association is much to be desired; and we feel assured, that in the promoting of social and professional intercourse, as well as in the attainment of all those objects contemplated at the foundation of the Association, the formation of district branches, and the frequent meeting of their members, will be found most valuable. We hope, therefore, to find, not only that these Branch Meetings will be numerous attended, but that the members of the Association who reside in localities where hitherto no branches have been formed, and which afford sufficient facilities, will speedily unite together, for the purpose of establishing them.

We beg to direct attention to the correction of an error in the announcement made last week of the place of meeting of the Newton Branch. The meeting takes place at the Legh Arms Hotel, Newton; not at Manchester, as was stated.

Scrofula; its Nature, its Causes, its Prevalence, and the Principles of Treatment. By BENJAMIN PHILLIPS, F.R.S., Assistant Surgeon to the Westminster Hospital.

(Second Notice.)

In a former notice of this able treatise our remarks were chiefly directed to that portion of it which relates to the causes of scrofula. The notice might then have been concluded with a general recommendation of the work, to which its merits justly entitle it, but that we were desirous to call attention to some observations of the author under the head of treatment, which are deserving of careful consideration.

The means on which Mr. Phillips places his chief reliance are, change of air, good food, and exercise, and if these cannot be obtained, he seems to have little confidence in the many specific remedies which have at various times been recommended for scrofulous affections. The beneficial effects which have, unquestionably, in numerous instances, appeared to follow the employment of several of them, he attributes chiefly to the combined influence of more general means, and especially to the influence of season and time, and when it is borne in mind that the most approved of these specific remedies, (iodine,) requires, according to its most enthusiastic advocate, (Lugol,) weeks, months, and even years before the cure is effected, and that during all this period a regimen appropriate for improving the general condition of the system is strictly followed, it will be seen that Mr. Phillips has some grounds for the conclusion at which he has arrived.

Without, however, receiving these views to their full extent, and leaving it to others to decide from their own personal experience as to the value of alkalies, the chlorides of barium and calcium, iron, iodine, cod-liver-oil, &c., as adjuncts in the treatment of scrofulous affections, if not as specifics against scrofula, there can be no question of the importance of general regimen, both in the cure and in the prevention of this disease. Wherever the tendency to it exists,—wherever there is that peculiar character of temperament and organization which leads us to anticipate its approach, sufficiency of appropriate food, of pure air, light, and exercise, are indispensable to prevent its development. There is, however, nothing in these observations but what is daily acted on by most judicious practitioners, and they are referred to thus particularly rather to draw attention to an evil in the system of training young children in the present day, which we cannot do better than point out in the words of the author.

"In our own country," he observes, "the tendency of our social condition is to lessen the opportunity for exercise in the open air, and to collect children together for the purpose of education, or training, or occupation, and the results of these practices upon the physical character of the child, are, I think, unfavourable.

"A great social experiment is now in progress, from which most important consequences must follow. The truth seems deeply fixed in the minds of thinking men, that the character of our people is to be determined by the education or mental training they receive in childhood; and as the conviction is strong that the work cannot be begun too early, children are collected into infant schools almost as soon as they can walk. And as I have had large opportunities (by which I have endeavoured to profit) of estimating the effect of such training upon the bodily health of the child, I will now express the conviction at which I have arrived.

"I believe, then, the effect is prejudicial. I know that the health of those infants, who are suffered to amuse themselves as they please, during the day, is better, *ceteris paribus*, than that of those children who have been for many months regular attendants at infant schools. And the reason of the difference I apprehend to be this, that in children, the blood is vigorously circulated through the entire frame, by the means of the exertion of the muscular system, and this exertion of the muscular system can only be maintained, by providing such amusement as will keep the body in motion. The listless walk around the school-rooms, though repeated many times a day, will not quicken the heart's action, and will not warm the hands and feet. And so long as the hands and feet, and the surface of the body remain cold for many hours of every day, so long the child will have congestion of some internal organs; and a state of permanent disease is readily induced; digestion is ill-performed, nutrition is defective; and if this state of things be long continued, scrofula may be the consequence.

"After the period of infant life has passed, the evils of the system pursued in educational institutions, whether for the rich or poor, of training the mind, without sufficiently exercising the body, is not lessened. Of the three conditions to which we have referred, even among those who are not poor, one only—feeding—is ordinarily realised. There is often too much crowding, both by day and by night, and too little exercise. The result is, the delicate complexion, the cold chilblained extremities, the languid circulation, which often accompany childhood, but which are so unnatural at that energetic period of life. The periodical and measured walk, whether taken daily or weekly, by no means imparts to the system the needful muscular energy. Exercise ought to be energetically and cheerfully taken, it is best in games, it should be unconstrained, and it should not wear the aspect of a daily task. Indeed, unless education is so managed, that complete exercise of the muscular system shall alternate with, and occupy as much time as the mental exercise, vigorous bodily health will rarely be attained."

A similar conclusion has been arrived at by Mr. Carmichael as the result of his observations on various schools. The evil, however, is deeply seated, and requires the emendation of many collateral evils before it can be removed. The social and domestic condition of our operative population for instance, well require much alteration, and in particular, mothers of families ought to be relieved from the pressure of all occupations which interfere with the nurture and care of the

younger children. The subject, is, however, too extensive to be entered on here.

For sound views on this and on other subjects connected with the public health, and for much valuable material on scrofulous affections generally, Mr. Phillips's work may be advantageously consulted, not only by the medical practitioner, but by the philanthropist and the legislator. It is no hurried production, hastily got up to serve a special purpose, but is evidently the result of much research, much observation and reflection, and years of labour well bestowed.

ROYAL COLLEGE OF CHEMISTRY.

ON THE USE OF THE MICROSCOPE AS AN AID IN CHEMICAL INQUIRY.

By JOHN DAVY, M.D., F.R.S., Lond. and Edin.,
Inspector-General of Army Hospitals.

(Read Wednesday, June 3rd.)

That the microscope may be an important aid to the chemical inquirer, I believe will be readily admitted by all those who have made trial of it, if tolerably familiar with its use, and in the habit of employing a good instrument. This last condition is essential. To be eminently useful in research, an instrument of the best construction should be employed—an achromatic one, with a magnifying power of at least three hundred diameters.

Such an instrument may be considered as a new power to the chemist; making clear what was obscure; allowing him to distinguish by sight what, without such aid, he could determine only by complicated processes of analysis; enabling him to distinguish in a mixture of animal and vegetable substances various tissues and forms, and often in an instant, satisfy himself of their nature; and equally so to satisfy himself by simple inspection, whether in the preparation of chemical substances, either by sublimation or precipitation, they are pure and unmixed, or impure and mixed with saline matter or substances of a different kind thrown down or sublimed at the same time. Taking this view of the application of the microscope, I cannot but think that the time is not far distant when the philosophical chemist will require it as much as, and even more frequently than, the balance; and that the one will be considered as essential to a laboratory of research as the other; and to the inquiring traveller, limited as to apparatus, more useful than any other single implement that can be mentioned hitherto attainable.

It may not be amiss to give a few examples for the purpose of illustration, making a selection from instances which have come under my own observation, some of which may be new.

Preparatory to entering on a chemical examination, it is a desideratum to become generally acquainted with the nature of the subject of it. Such preliminary information, the microscope is admirably fitted to afford.

It is a disputed point whether those peculiar, and, in many respects, singular birds,—the humming-birds, feed on insects or the sweet juices of flowers; some

naturalists maintaining that they live exclusively on the one, others that they live exclusively on the other. By repeated observation—first microscopical, afterwards chemical, made on the contents of their minute stomachs, I have ascertained that insects are the solid food, and that the sweet juice of the nectary of flowers is the ordinary drink of these birds. The tongue of the humming-bird, projectile and bifid, is peculiarly fitted for taking insects, and when moist with a honied viscid lure, its power is even increased. In every stomach of this bird that I have examined I have detected with the microscope parts of insects, and sometimes entire and living ones; and I have found their remains also in the lower intestine.

Another instance may be given from the urinary excrement of insects. In the majority of cases in which I have examined this excrementitious matter, I have found it to be principally the lithate of ammonia, commonly in the form of granules, little exceeding in size the blood-corpuscles of man. In one instance however,—that of the excrement of a small night moth, subjecting it first to microscopical examinations, there were observed, mixed with the granules, well-formed crystals, resembling those of lithic acid, and which were proved to be of lithic acid by their chemical qualities, testing them chemically, and observing the results with the same power, for they were far too minute even to be seen with the naked eye.

Soils, sands, marls, afford other good examples of the use of the microscope as a preliminary to chemical examination.

Amongst the valuable deposits in the island of Barbadoes, distinguished for its extraordinary fertility, which it owes mainly to the nature of its soils, are beds of calcareous marl. Under the microscope, this marl appears to be almost homogeneous, except that amongst the molecules of which it is composed, minute crystals are to be seen—short slender prisms, as of phosphate of lime; and chemically examined, it is found to contain phosphate of lime, its chief ingredient being the carbonate, with a trace of silica.

The fertile soils of this very fertile island have been supposed to be deficient in this last-mentioned substance; when subjected, however, to the microscope, the opinion is shown to be erroneous. In most of them silica is found in abundance, either in the form of fine quartz sand, bearing marks of being water worn, or in excessively minute angular fragments, probably of volcanic origin, or as the petrifying matter of infusoria; and chemical examination confirms this, proving, in addition, that silica is largely present in combination with alumina.

The sands of Barbadoes vary much in their nature, according to the situation in which they are found. The sea sand, from two-thirds of the shore constituting the circumference of the island, consists of comminuted shells, water-worn, with very little siliceous or other matters, forming a valuable material for the purposes of agriculture, although hitherto little used. From the remaining one-third of the shore, viz., from the north-east coast, the sand is a mixture of quartz, in water-worn grains, and of comminuted shells, the former preponderating. The shell sand corresponds to one kind of geological formation, the siliceous to another; the one peculiar to that part of the island, the greater portion of it consisting of calcareous

deposits, abounding in marine organic remains, whilst the siliceous sand corresponds to the smaller portion, formed of totally different deposits, partly chalk containing silicated infusoria, partly, and in larger proportion, of clay, sand, and gravel, more or less cohering, with which beds of coal are intermixed, the former seemingly the detritus of primitive and transitions rocks. Under the microscope, using a low power, the appearance of these two kinds of sand is distinctive. The shell sand is merely diaphanous, whilst the quartz sand is transparent, not to mention other peculiarities; and in mixture, the grains of each are most easily distinguished; so that even without chemical examination, on mere inspection, it may at once be pronounced which ingredient is in largest proportion. The same decision from the like inspection may be confidently made on some of the sands at a distance from the coast, which consist almost entirely of siliceous matter, without any traces of comminuted shells; and, in each instance, chemical examination is found to be confirmatory of the microscopical.

I shall pass now to some instances of a different kind. The unaided vision, as it is well known, cannot distinguish with sufficient exactness, precipitates of different substances by their appearance, when they are colourless, as those of the different earths, whether thrown down in the state of hydrate, or in combination with an acid. But, calling in the aid of the microscope, the distinction can often be made without difficulty; and, if not at once, it can be made with little trouble by the addition of an acid, of one the combinations of which, with different earths, under the microscope, have appearances that are characteristic of them.

Alumina and phosphate of lime,—the one an almost universal ingredient of soils, the other a rare ingredient, excepting in an exceedingly minute quantity, are, as is well known, both precipitated from solution in acid by ammonia. To determine which constitutes the precipitate, so important in relation to agricultural purposes, is a difficult matter, employing merely chemical means as tests, unless in a well appointed laboratory; but with the aid of the microscope the difficulty vanishes. Seen with it, the precipitate of alumina, owing to its excessive subtlety, and the low refractive power of its particles, has a hyaloid appearance, while the other has a very fine granular aspect. The addition of a drop of dilute sulphuric acid will make the appearances even more distinct. If the precipitate is entirely aluminous, it will have a glacial appearance, and on evaporation to dryness, this appearance will be retained, the crystallizations formed being not unlike those of ice in their general character; whilst, if the precipitate is of phosphate of lime, immediately on admixture with the acid, if properly proportioned needle crystals will be seen to be formed, short slender prisms, and on evaporation the same crystals will appear in increased quantity, mixed with some delicate rhomboidal plates. In the instances of mixed precipitates by ammonia, of alumina and phosphate of lime, according as the one or the other predominates, will be the proportion in which the one or other aspect will be imparted to the mixture; and should phosphate of magnesia be present in admixture with alumina and phosphate of lime, it may easily be detected under the microscope; before the addition of

the acid its well-marked crystals will be seen, which, after that addition, will disappear.

As my object is chiefly to draw attention to the application of the microscope as an aid to chemical research, the instances adduced, I trust, will be considered sufficient in the way of illustration; very many more might be given, but they would be out of place on this occasion. Were they minutely detailed, they would be tedious; and were they only briefly adverted to, practically they would be useless. The subject, to have justice done to it, would require a distinct treatise, founded on laborious research, and giving the results of such research, and it is one, of which it may confidently be predicated, that it would amply repay whatever time, whatever labour, might be expended on the undertaking.

In conclusion, this, it appears to me, may justly be said in commendation of the microscope, in all its applications,—that its tendency is equally to facilitate and increase accuracy of observation, and hence to remove vagueness and give precision of views, and at the same time to add wonderfully to the interest of inquiry, and to extend its sphere,—in this respect, having an influence in relation to subjects for chemical research resembling that of the most powerful telescopes in relation to the objects of astronomical research. Both conduce, the one hardly less than the other, by the phenomena they display, to excite in the mind of the philosophical inquirer, feelings of admiration, of awe, and of humility.

Barbadoes, January 19th, 1846.

POISONING OF CHILDREN AT RUNCORN, BY ARSENIC.

The following is the case of poisoning by arsenic, with the view of obtaining money from a Burial Society, alluded to in a recent number:—

The parents of the children, Joseph Pimlet, a ship carpenter, and Mary his wife, both considered to be respectable characters, took up their residence in Runcorn about seven or eight months ago, the husband at that time being a member of the Weaverham Friendly Society, which allows a small sum for funeral expenses on the death of a member, or any portion of his family. About the same period the children were entered as members of the Liverpool Victoria Legal Burial Society—a society which collects subscriptions of one penny per week for persons above five years old, and, in case of death, pays £5 at the expiration of twenty-four weeks' payment as funeral money; and one half-penny per week under five years, and £2. 10s. as funeral money. On the 6th of March last, James Pimlet, a boy only ten months old, died, and there being some circumstances connected with his death which required an investigation, an inquest was held before Henry Churton, Esq., the county coroner, and on the evidence of the mother, a verdict of "found dead" was returned. On the 16th of the same month, another child, Richard Pimlet, aged four years and six months, was taken ill. That child died on the 21st and was buried, at the request of the father, under the coffin of the former. On Monday, the 27th of April, a third child, named Thomas Pimlet, about three years old, was taken ill, and attended by Mr. Edward Pye,

surgeon, who had also seen the former child, and had been induced to give a certificate of its death from the plausible representations of the mother. Thomas exhibited such symptoms as led Mr. Pye to suppose that he was labouring at the time under an attack of indigestion; something, however, occurring during the day, and on the following morning, to excite suspicion, Mr. Pye narrowly watched the conduct and treatment pursued by the mother towards the child. On Wednesday morning, Mr. Pye called at the house of the parents, prepared to get hold of a portion of the ejecta of the child, with a view of ascertaining whether his suspicions regarding her conduct towards the child had any foundation in fact; but although she told him, at his surgery, that the child had been very sick, and in consequence he had directed her to preserve the vomit, she then said that the child had not thrown up at all, and thus avoided producing the ejecta. She, however, related a dream, which she said she had had the previous night. She said she had seen her two deceased children taking hold of each other's hands in heaven; that the elder, Richard, said "Mother, don't fret about Tommy, he is coming to us in a fortnight—there is a place prepared for him in heaven." She added, that on that morning the sick child, Thomas, had said to her, "Mother, don't put me Richard's shoes on; I'll have my own on, for I am going to Richard and James." On Saturday, both the father and mother were taken into custody, and sufficient evidence was obtained to prove distinctly that arsenic had been administered to Thomas. The coroner, Mr. Churton, immediately ordered the bodies of the deceased children to be exhumed, and summoned Mr. Pye to make a *post-mortem* examination of their bodies. An inquest was held at the time, but adjourned to Saturday, May 2nd, for the purpose of giving time to perfect the requisite evidence.

Accordingly, on Saturday morning, the jury assembled at the Royal Hotel, with Henry Churton, Esq., the coroner, to inquire into the cause of the deaths of James and Richard Pimlet.

The conduct of the father appeared proper and becoming. The mother was respectably dressed in mourning, and her feelings during the inquiry, which lasted from ten o'clock until nearly five in the afternoon, were often so much excited that she had difficulty in supporting herself.

The evidence of two of the neighbours, given at the previous inquiry, was read over. It merely detailed the circumstances attending the deaths of the deceased so far as they were acquainted with them. They added that both the father and mother appeared affectionate and kind to their children. It was also proved that the female prisoner had purchased arsenic at the shop of a druggist in Runcorn, previous to Thomas being taken ill.

Mr. Edward Pye, surgeon, of Runcorn, deposed that the deceased, Richard Pimlet, was brought to his surgery on Monday, the 16th of March last. He did not appear to be particularly ill. There was very little constitutional disturbance. The mother stated that the child had been sick. His bowels had not been opened since the previous morning. Conceiving that the child might have taken some improper food, he gave it an aperient powder. On Tuesday, the child had had its bowels freed with the powder, and was

better. On Wednesday, the mother again brought the child; it was then complaining of vomiting and purging, and was ordered to have some alterative medicine. This was the last time he saw deceased alive. On Friday morning, the mother informed him that the child had complained of pain in the stomach and bowels, and was very thirsty on the previous afternoon, and died in the evening. There were other symptoms, also, which led him to infer that the child had died in convulsions, and he gave a certificate of death accordingly. This he gave, not on his own knowledge, but on the representation of the mother. On Monday, the 27th of April, he made a *post-mortem* examination of the body, in obedience to instructions received from the coroner. He had no difficulty in identifying the body as being that of the child which had been brought to his surgery. The body was that of a child in full flesh; and the progress of decomposition appeared, from some cause or other, to have been retarded. On opening the chest and abdomen, the viscera presented no external signs of disease. He tied the œsophagus about its middle, and removed the lower portion, together with the diaphragm, stomach, and the remainder of the abdominal viscera, except the bladder; he also removed small portions of each lung. On opening the stomach, a yellow deposit was found spread on the mucous coat, greater in the more depending portion of that organ. The mucous lining around the cardiac and pyloric orifices was exceedingly vascular. The deposit appeared blended with the mucous coat, and in some places had penetrated through to the muscular layer, and could not, without considerable difficulty, be parted from it. This occurred where the deposit appeared concentrated, and was distinctly marked with such patches of vascularity. There was no ulceration. The yellow deposit was found, not only in the stomach, but nearly throughout the small and large intestines. These appearances are such as would be produced by an irritant poison, such as arsenic. They could not have been produced by natural causes. He did not, when deceased was brought to him, suspect the presence of mineral poison. He had taken the stomach and two pieces of the small intestines for the purpose of being analyzed. They were now in the possession of Dr. Brett, of Liverpool. Arsenic was an antiseptic, and would have the effect of preserving the stomach and body generally. Ulceration was sometimes a result of poisoning by arsenic. It was absent in this case.

By the Mother.—Could not remember her bringing the child to him on the Sunday evening. She might have done so, nevertheless.

By the Father.—He might have ordered a warm bath in the course of treatment. Could recollect ordering a mustard poultice to the pit of the stomach.

On the first of May, witness made a *post-mortem* examination of the body of James Pimlet. The external appearances led him to the conclusion that the deceased had been a remarkable stout child for his age. There was slight decomposition on and about the mouth and nostrils. The abdomen was much inflated, but not discoloured by decomposition. On dissecting back the integuments of the chest, the whole of the internal organs presented signs of recent death, but no appearance of diseased action. The peritoneal covering of the stomach and intestines was remarkably white and

glistening. He tied the œsophagus high up, and removed the whole abdominal viscera. The vessels of the brain were slightly congested, but presented no decided evidence of disease. The brain itself was healthy. The internal surface of the stomach was very vascular, and also the intestines, but not to the same extent. The greater portion of the viscera was conveyed to Dr. Brett, of Liverpool, for the purpose of being analyzed. Witness also retained a portion of the stomach, abdominal viscera, and brain of the body of Richard. He analyzed a portion of the fluid contents of the stomach, and proved it to contain arsenic in portions of the brain, kidneys, spleen, liver, and œsophagus. [The witness produced several glass tubes before the jury, which exhibited specimens of crystallized arsenic.] He added, that when arsenic was taken into the stomach, or applied to an external wound, it very soon became absorbed. It did not necessarily follow that ulcers should be found in the stomach after death had been caused by arsenic. Should think in the present case that arsenic had been administered in very small and repeated doses.

Dr. Brett, lecturer on chemistry and medical jurisprudence in the Liverpool School of Medicine, was next called. He stated that he made an analysis of portions of the body of Richard Pimlet. The surface of the mucous membrane was covered with yellow patches, which he had reason to suspect was sulphuret of arsenic. He therefore converted the sulphur into sulphuric acid, and obtained the arsenic in a metallic state. He next examined the tissues of the stomach, which were as free as possible from the yellow stains, and obtained decided evidences of the presence of arsenic, from which he inferred that arsenic had not been administered in a state of sulphuret. He also found arsenic in the liver, spleen, and lungs. The next day he analyzed the contents of the stomach, which was a fluid of a brownish colour, and measured about six ounces and three quarters. The result of this analysis proved that about eleven grains of white arsenic were contained in it, or, as he stated, enough to kill half a dozen persons. Subsequently he analyzed the viscera of the body of James Pimlet, the result of which proved most decidedly the presence of arsenic.

Mr. R. Hutchinson, surgeon, of Liverpool, fully corroborated the evidence of Mr. Pye.

Thomas Hornby, steward of the Weaverham Benefit Society, proved that £1. 5s. had been paid on the death of one of the children, and £1. 15s. on the death of the other.

George Penketh Mather, collector for the "Liverpool Victoria Legal Burial Society," was next called. His evidence went to show that all the three children were members of the Liverpool society, of which he was the collector of the Runcorn district; that 25s. had been paid on the death of one child, and £5. on the death of the other. When the latter money was paid, the female prisoner entered herself and her husband as members of the Society.

The jury, after a short consultation, found a verdict of "Wilful murder against the mother only."

TITLE OF DOCTOR.

At the request of Dr. Hull, of Norwich, we insert the following letters:—

Norwich, June 18, 1846.

Dear Sir,

Will you allow me to ask you, as Secretary to the Provincial Medical and Surgical Society, and of course the official organ of communication, whether the Society allows the use of the title of *Doctor* by any member, who practises in any department, save that of *pure* physic? This interrogatory note, and your reply, I request you to publish in the Journal of our Society; and, for valid reasons, in the forthcoming number.

I remain, dear Sir,

Yours truly,

ROBERT HULL, M.D.

To Dr. Streeten, Worcester.

Worcester, June 19, 1846.

Dear Sir,

I am not aware that the question as to the use of the title of Doctor has ever come before the Provincial Medical and Surgical Association, and I am therefore unable to say what the views of the Association may be on the subject.

Every person who holds the degree of Doctor from a University, has, I should presume, a right to the title, although, as far as medical degrees are concerned, it is usually only those who practise as physicians who avail themselves of it.

I am, dear Sir,

Very truly yours,

ROBERT J. N. STREETEN.

To Dr. Hull, Norwich.

CARNARVON UNION.

The following letter relating to a recent appointment in this Union has been addressed to the editor of the *Times* newspaper:—

Sir,—On Monday last a surgeon was elected to the work-house of the above union at the extravagant salary of £10 a year. The house has just been completed, and has accommodation for 200 paupers. It is a melancholy fact that there was a contest for the above appointment between two respectable surgeons, viz., Mr. Thomas Browning Haslam, a magistrate and twice mayor of the borough of Carnarvon, and Mr. Alfred H. Roberts, a surgeon of about 14 years' standing, the successful candidate. The salary was fixed by the Guardians, and of course approved of by the Commissioners.

It is a remarkable feature of the Poor-Law medical relief in this union that neither of the surgeons for the two agricultural districts (each containing a large and poor population,) keeps a horse. This is not mentioned in disparagement of the medical officers, of whom no complaint is made, but it is perfectly impossible for them to attend to all the calls that are made upon them, considering that the centre of each district is at least six miles from Carnarvon, where they reside.

Your obedient servant,

Carnarvon, June 9,

X,

MEDICAL INTELLIGENCE.

A new Hospital and Dispensary, called the "Ladies' Charitable Institution," &c. &c., has just been established in Birkenhead, for that town and its environs. Its first and principal object is to afford relief and accommodation, in the Institution, to poor married women, during their confinement; and as the funds increase, to embrace other objects contemplated, but not yet provided for, namely, the diseases of females and infants, and vaccination, gratuitously, for the poor. The Institution is to be under the management of ladies exclusively; and to carry out at once the first object of the Institution, a matron, fully qualified to act as accoucheuse and head midwife in all ordinary cases, has been employed to reside in the house; and three Honorary Medical Officers have been appointed, one or other of whom must be applied to by her, in every case of difficulty or danger. The Honorary Medical Officers are—*Consulting Surgeon*, Mr. Wm. Stevenson; *Surgeons*, Charles Edward Herbert Orpen, M.D.; Mr. Jerome Smith; the *Resident Matron and Accoucheuse*, Mrs. Mary Stanton, who has been educated at the Lying-in Hospital, in Liverpool, by Dr. Watson and Mr. Roche.

THE HARVEIAN ORATION:—Dr. Elliotson has been selected to deliver the Harveian Oration before the Royal College of Physicians. It is to be hoped that the Members of the College will be made acquainted with the grounds on which this appointment has taken place.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, June 19, 1846:—J. Rogers; W. P. Charsley; B. Butterworth; W. C. Cooksey; B. P. Matthews; E. Simpson; A. H. Parry; R. W. Ledward; G. C. Sharman; A. T. Mott; J. M. Bowie; J. B. S. Brown; W. Hurman.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, June 11th:—Michael Walling, Kendal; John Kempthorne, Bodmin; Lewis Bossy, London; H. Isaac Fotherby, Louth, Lincolnshire.

NEWTON BRANCH: ANNUAL MEETING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

By some unfortunate mistake there has been an error in announcing the annual meeting of the Newton Branch of the Provincial Medical and Surgical Association. You have named that the meeting is to be held at Manchester; whereas the circular I sent you says—"The annual meeting of the Newton Branch of the Provincial Medical and Surgical Association, will be held at the Legh Arms Hotel, on Thursday, the 25th June instant;"—that is, at the Legh Arms, at Newton, being the house where the members always assemble; and I must beg the favour that you will

have the kindness to rectify the mistake in your next number, and have the goodness to place it in as conspicuous a part as possible—"That the meeting is to be held at Newton, and not at Manchester," as the members assemble the day after the Journal is published, and I am afraid that some may be misled by the announcement issued this morning.

Believe me, Sir,

Your's sincerely,

JOHN HATTON.

92, Oxford Street, Manchester,
July 17th, 1846.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Those gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due, either to the Secretary of the District in which they reside, to the Treasurer, or to the Secretary of the Association, on or before the 30th instant, as the accounts will then be made up for the Anniversary Meeting.

ROBERT J. N. STREETEN, Secretary.

SOUTH-EASTERN BRANCH.

The Annual Meeting of the South-Eastern Branch of the Provincial Medical and Surgical Association will be held at Ashford, on Wednesday, the 24th instant.

YORKSHIRE BRANCH.

The Annual Meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association, will be held at York, on Thursday, the 25th instant.

NEWTON BRANCH.

The Annual Meeting of the Newton Branch of the Provincial Medical and Surgical Association, will be held at the Legh Arms Hotel, at Newton, on Thursday, the 25th instant.

OBITUARY.

Died, May 29th, at Wigan, Alexander Shaw, Esq., Surgeon, Medical Inspector of Factories in the Wigan District.

May 29th, at Edinburgh, William Balfour, Esq., M.D.

June 15th, at Olney, aged 31, George Thomas Gauntlett, Esq., Surgeon.

TO CORRESPONDENTS.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

MR. ADDISON'S
PHYSIOLOGICAL RESEARCHES AND
DISCOVERIES.

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IN THE LIVING STRUCTURE,

DEMONSTRATED BY THE MICROSCOPE, &c. &c.

BY WILLIAM ADDISON, F.L.S.,

Member of the Royal College of Surgeons of London; of the Council of the Provincial Medical and Surgical Association; and Surgeon to H.R.H. the Duchess of Kent, Malvern.

PART I.

SECRETION, THE PROCESS OF NUTRITION, AND THE FUNCTION OF STRUCTURE.

PART II.

ACTIVE MOLECULES IN THE INTERIOR OF CELLS, THE NATURE OF THE
FLUID ELEMENT OF BLOOD, AND A DEMONSTRATION OF THE PROCESS
OF INFLAMMATION.

PART I., price 4s. 6d., and PART II., price 7s., may be had separately.

"We are indebted to Mr. Addison for the discovery of an immense number of 'colourless globules' observable in the clear colourless fluid at the top of coagulating blood. In some blood taken in pleuritis I found the number of such 'globules' prodigious."—*Dr. Martin Barry, Paper in the Philosophical Transactions, Part I., 1842.*

"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells." "I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope. "I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett, Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Soho.
Worcester: DEIGHTON, High Street.

ADVERTISEMENTS.

On the 1st of July, price 6s.; No. XLIII. of

THE BRITISH AND FOREIGN MEDICAL REVIEW. EDITED BY JOHN FORBES, M.D., F.R.S.

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PART FIRST.—ANALYTICAL AND CRITICAL REVIEWS.

1. Dr. Jacobi on the Nature and Treatment of Insanity.—2. Dr. Lebert's Pathological Physiology.—3. Mr. Percival on Glanders and Farcy in the Horse.—4. Paull's Practical Observations in Surgery.—5. Drs. Williams and Steward on the Treatment of Insanity.—6. M. Bonnet on the Causes and Treatment of Diseases of the Joints.—7. Dr. Evans on Pulmonary Phthisis.—8. Professor Porta on the Ligature and Torsion of Arteries.—9. Mr. Cox on Amputation at the Hip-Joint.—10. Professor Sava on the Deserts and Duties of the Physician.—11. Mr. Phillips on Scrofula.—12. Dr. Mericourt on Diseases of the Breast.—13. Sir. B. Brodie's Lectures on Pathology and Surgery.—14. Mr. Tuson on the Structure and Functions of the Female Breast.—15. Dr. Wilson's Medical Notes on China.—16. Dr. Hannover on the Exhalation of Carbonic Acid.—17. Mr. Teale on Abdominal Hernia.—18. Dr. Bowditch on Auscultation.—19. M. Boudin on Pulmonary Phthisis and Typhoid Fever.—20. Mr. Watt's Vital Statistics of Glasgow.—&c. &c.

PART SECOND.—BIBLIOGRAPHICAL NOTICES.

1. Dr. Login on the Field Carriage of Sick and Wounded Soldiers.—2. M. Botier's New Views of the Nature and Treatment of Syphilis.—3. Mr. M'Lure's Collectanea Medico-Chirurgica.—4. Dr. Moutat's Anatomical Plates of the Human Body.—5. M. Levy on Public and Private Hygiene.—6. M. Bellini on the Structure and Functions of Tissues.—7. Dr. Combe on Phrenology.—8. Dr. Neill on the Arteries and Nerves.—9. Dr. Alison on the Heart.—10. Sir James Clark on Climate.—&c. &c.

PART THIRD.—NATURAL HISTORY AND TREATMENT OF DISEASES.

1. Dr. Bartlett on the Progress of Practical Medicine.—2. Dr. Dilchrist on the Natural History and Simple Treatment of Wounds.—3. Extracts from Correspondence.

PART FOURTH.—ORIGINAL REPORTS AND MEMOIRS.

Mr. Paget's Report on the Progress of Human Anatomy and Physiology in the Years 1844-45. Part II.
London: JOHN CHURCHILL, Princes Street, Soho.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Association will re-assemble, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together; and at twelve o'clock the same day a General Meeting of the Members will again be held, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Bury St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together. Further particulars of the arrangements will be given in future numbers.

Members who are desirous of communicating cases or papers to the Meeting, are requested to intimate their wishes to the Secretary of the Association, on or before the 1st of August.

The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

Printed and Published (for the Proprietors) by ANNE DIGHTON, Printer, residing at 53, High Street, in the Parish of St. Swithin, in the city of Worcester, at the office of the Provincial Medical and Surgical Journal, situate in The Avenue, The Cross, in the Parish of St. Nicholas, in the said city, and published by the said ANNE DIGHTON, at her Residence aforesaid.

WEDNESDAY, JUNE 24, 1846,

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY

ROBERT J. N. STREETEN, M.D.

1844.
No. 26, Vol. III.]

WEDNESDAY, JULY 1, 1846.

[PRICE FIVEPENCE
STAMPED.]

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ADVERTISEMENTS.

TO PHYSICIANS.

A PHYSICIAN, DESIROUS of RETIRING FROM PRACTICE, wishes to meet with a **SUCCESSOR.** As it is principally Country practice, it is highly desirable for any one wishing to enjoy a comfortable income without much anxiety, there being no opposition. Address to A. Z., care of the Printer.

Now ready, Fourth Edition, revised, Post 8vo., 10s. 6d., **ON the SANATIVE INFLUENCE of CLIMATE.** With an Account of the best Places of Resort for Invalids in England, the South of Europe, &c. By Sir JAMES CLARK, Bart., M.D.
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THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

THE NUMBER OF SCHEDULES ALREADY RETURNED, fully justifying the Committee in recommending the immediate formation of the "NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY," upon the plan sanctioned by the Members of the Association at the last General Meeting:—

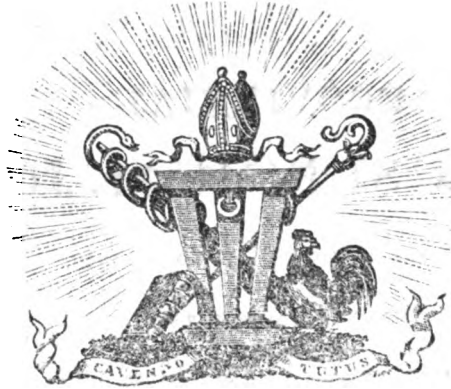
NOTICE IS HEREBY GIVEN, That all Members of the Profession who approve of the same, and are willing to co-operate in its support, may receive a Schedule, (which they are requested to fill up and return as soon as possible,) together with a Draft of its Plan and Objects, by application to the Secretary, at the Office of the Association.

By order of the Committee,
GEORGE ROSS, Secretary.

Office, 294, Regent Street,
June 24th, 1846.

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REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been **454**, and the Annual Premiums received thereon, **£9,183. 5s.**, exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to **£112,277** per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying **£4,551** within the last year to Annuityants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of **£59,016. 18s. 10d.** has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

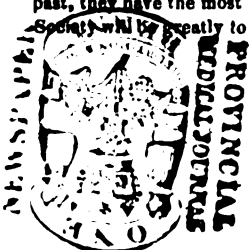
From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,

SECRETARY.

78, Great Russell Street, Bloomsbury, London,

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS,



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASE OF DIMINISHED BRAIN.

By THOMAS NUNNELEY, Esq., F.R.C.S., Surgeon
to the Leeds General Eye and Ear Infirmary, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The following case, which in the absence of more formal communications, was read before the Yorkshire Branch of our Association, held at York yesterday, you may possibly consider of sufficient interest to find for it a place in the Journal. It appears to bear upon, and be illustrative of, some important opinions connected with the physiology of the brain or portions thereof:—1st. As to the connection between the intellectual faculties and the cineritious matter of the cerebral convolutions. 2nd. The shrinking of the entire mass of the brain, either from disease or that change in nutrition which occurs in advancing age, the space being filled up by a corresponding increase in the quantity of serum normally existing within the membranes of the cerebro-spinal axis, so as to preserve a due degree of pressure and support to the nervous masses under the varying forces of the circulation, &c. 3rd. The function of the cerebellum; its being the regulator and controller of the combined action of muscles, over the power and integrity of which it is by some modern physiologists presumed to preside.

I am, Sir,

Faithfully yours,

THOMAS NUNNELEY.

Leeds, June 26th, 1846.

Mr. Joseph S—, aged 64; died April 6th, 1846; body examined two days afterwards.

Mr. S. first came under my care in August, 1839, previously to which he had been for some years under that of the late Mr. Wildsmith. In his earlier days he had been a very active industrious person, and though now in business, and having two sons fully competent to manage it, he took no part whatever in it, and lived at a distance from it. At the period I speak of, he was corpulent and muscular; the countenance florid, with the veins of the cheek much congested; the pulse feeble and somewhat irregular; the breathing short and thick; the appetite good; he lived regularly and well. He complained of weakness, and had a great disinclination to take exercise, though he always gave me the idea of being able to walk much more than he did; it seemed rather a want of command over the limbs, with a great disinclination to move, than an

inability to do so. He seldom would walk out alone for fear of falling. When he did, he always walked very slowly, with a stick, and only for a short distance; generally he had hold of his man servant's arm. He was always assisted up and down stairs, the going up being often very difficult, the man being obliged to go behind to steady and push him up. For a long time he had had wakeful nights, and had taken a mild opiate combined with an aperient. His man always slept in the same room. He was in the possession of all his faculties, though the mind was certainly weak. At times there was some heat in the head, accompanied with a little pain, though he complained more of the chest. The form of the chest was full and round; it yielded on percussion a clear sound, while the respiratory murmur was feeble; there was also some mucous rattle. I concluded that he laboured under emphysema of the lungs, with dilatation of the right side of the heart, and that some slow change was going on in the brain, not probably of any inflammatory character, but connected with its nutrition, and perhaps allied in its nature to softening.

Mr. S. continued in much the same condition until September, 1841, going out at times into the country for two or three weeks, or on fine days riding in a coach for an hour or so, and frequently not getting out of the house for weeks together, when early one morning before getting up he was seized with a fit, and lay for some days in an insensible state. The late Mr. Hey (*secundus*), then attended him with me for some time. The symptoms more resembled acute softening of the brain than apoplexy. It appeared as though he would die, indeed Mr. Hey thought he could not live many days. He was cupped, leeches, and blistered, and took calomel pretty freely; afterwards hyoscyamus with camphor, at night, with small doses of strychnine in the day. Hence he gradually improved, and became able to sit up and move from his bed to the chair.

From this time up to his death there was no very decided change, though he gradually became in every way more feeble. During this period he had, perhaps, a dozen seizures, in which he continued insensible, and lost all power for ten or fifteen minutes. Frequently he was very dull and lethargic, or cross and noisy, which cupping and a blister to the neck, with mild purgatives, combined with diffusible stimulants, generally in a short time relieved. The head was at times rather hot; this, cold applications relieved; when asked if he had any pain he would often put his hand to his head, but as frequently to his mouth or chest; indeed it was impossible to ascertain if he

had pain or not. He would frequently lie and cry out "Oh, dear! Oh, dear!" pat his breast, and look very uncomfortable, but when asked if anywhere hurt him, he could not tell, say he did not know, or look at his servant and ask her, saying, "Is there Mary," or, "What do you say, Charles." For days he would scarcely speak, at other times he was very noisy, shouting, and using very abusive language, (a thing he was not in the least addicted to when in health.) He always knew me, and appeared pleased to see me, and would, on my first entering the room, answer a short question, but was altogether unable to converse. Many persons he appeared not to know, or only for an instant, even the members of his own family. He would often call loud and continually for his servants, when they were standing close to him; at times he appeared not to see them, or anything which was handed to him,—not from any defect in the eye itself, but from want of power in the brain to receive the impression, as, if his attention were directed to an object, he could then, for a time, perceive it well enough. He could not feed himself, even if the food were put into his hand, and if he attempted, he could hardly ever find his mouth, and he would sit with the food before him without offering to touch it; he could hardly ever tell me if he had dined, often saying he had not when he had just eaten his dinner, or that he had when he had not, though the latter not so generally as the former. For the most part he lay in bed, invariably upon the left side, but he could sit up in an easy chair for an hour or more at a time, to take his meals. He could walk from the bed to the chair, when assisted, but this he did very totteringly, and was obliged to be gently pushed or dragged to make him put one foot before the other, and to be well supported; he would stand like a wooden man set upright, as though about to fall, and only required the touch of a straw to be knocked down; he would often roll to the bed-side with his feet out in a half sitting posture, but never attempted more. In the night he has fallen out of bed upon the floor two or three times, so that a board had to be placed upon the bed-side. If left standing, there he would remain; indeed he appeared to have not only lost all command over the combined action of muscles, but even all idea of using them, in perhaps, a still greater degree. That this did not altogether arise from the loss of power, is proved by the fact of his withdrawing his arm or leg powerfully and quickly when taken hold of, and he was not pleased with it; and his biting and pinching his attendants until the parts were black.

For nearly two years before his death, it was a most difficult thing to give him any liquid; it could only be done by teaspoonsfuls. If he attempted to drink, a most violent continued spasmodic cough, as though he would choke, was instantly produced, evidently from some of the liquid getting into the larynx; this was not the case with solids. It arose, I doubt not, from the want of attention to the passage of the fluid through the fauces, so that he inspired at the same moment, and thus the glottis remained open. The cough was so violent that hardly any fluids were given to him; he was fed principally upon bread soaked in milk or beef tea, soft puddings, with jelly, and similar things. He appeared equally satisfied with any kind of food, always saying it was good. The bowels were usually

constipated, and at times required very large doses of purgatives. He would never allow an injection to be given. He frequently passed his motions without being aware of it, and generally his water, though he sometimes gave them to understand by his movements that he wanted. He pulled all the buttons and strings off his clothes, and was continually picking and twisting any small object he could get hold of. It was extremely difficult to feel the pulse, as he would not hold his hand still. At times, when very cross, he would mistake his own hand or arm for those of others, and make them black with pinching or biting. He was extremely susceptible to the cold; nothing made him shrink so, or become so cross, as to be touched with a hand that was in the least chill. On some few occasions he had sudden attacks of excessive difficulty in his breathing, which were soon relieved by æther and ammonia, with sedatives. He slept very badly, and without some opiate not at all. For two or three days before his death he was weak and uncomfortable, as he often had been; and when I saw him, three hours before his death, he appeared no worse than I had often seen him. He died in his chair.

It was evident, that in addition to the disease of the lungs and heart, there was some decided change in the head. The diagnosis which I had given to the friends was, considerable softening or shrinking of the cerebral convolutions, with probably a similar condition of the cerebellum. I should have stated that very often he could not put out the tongue. This evidently did not arise from paralysis of this organ, but from want of central power. He would open his mouth to the full extent, and let it remain open; but by getting him to shut it, and engaging his attention for a moment, then suddenly telling him to put out his tongue, he would commonly do it at once. So his inability to talk, arose more from the want of mental power or ideal perception. At times he would and did talk, and shout with energy and continuance enough, and he would generally begin an answer readily enough, but either run off to something unconnected with the subject, or stop after a few words were said, and appear lost.

Post-mortem examination. Head and chest examined. Though much thinner than when going about in health, still there was no emaciation.

Chest. Old, universal, and completely cellular adhesion of the pleuræ of right side. Posterior portions of both lungs engorged with reddish serum; the anterior portions on both sides quite emphysematous, principally vesicular, but with some patches of interlobular. About an ounce of serum in the pericardium; the heart soft, flabby, and dilated, particularly upon the right side, filled with dark, partially coagulated blood, as also were the great veins; no valvular disease; the coronary arteries were somewhat ossified.

Head. The scalp thick and firm, containing very little blood. A very large quantity, amounting to some ounces, of clear serum flowed from the surface of the brain while sawing the skull. The brain did not nearly fill the skull; the arachnoid membrane was opaque, and thickened on the upper as well as the under surface; the vessels of the pia mater were distended with dark fluid blood, and the meshes of the membrane were filled with serum; the glandulæ Pacchionæ much developed; the whole of the arteries of the brain,

including the cerebral, the basilar, and the circle of Willis, were very much ossified; the basilar in one place dilated;* the convolutions of the cerebrum shrunk and completely attenuated; instead of being round and plump, they were thin and flat. On slicing the hemisphere, the diminished size of the convolutions was most remarkable, and the difference between the medullary and cineritious portions was very evident. The former was white as usual, with a few bloody points; the latter constituted a thin yellowish dry layer upon it, the convolutions not being more than half the size they usually are. This appearance was general throughout both hemispheres. The lateral ventricles were distended with clear serum, and the lining membrane was strong enough to allow of being easily raised and pulled off in strips. The white substance generally was softer than usual, and in the posterior lobe of the right hemisphere there was a portion about the size of a walnut, quite pulpy, and yellowish in colour. The striated appearance, on slicing obliquely the thalami and corpora striata, was not nearly so distinct as usual. The corpora quadrigemina were small. The soft commissure was most distinct, and bore more handling without giving way than I ever saw it; this was solely owing to the thickened covering of the membrane, as this being raised the structure itself was soft enough.

The cerebellum was the smallest I ever saw in a grown man, certainly not more than two-thirds of its usual size; its lamina exhibited the same attenuated condition as the cerebral convolutions, and the cineritious portions the same yellowish dry appearance; the white part showed a general softness, but I could not discover any particular local change. The membranes were thickened in the same manner as those of the cerebrum. The medulla oblongata was small, and the theca filled with clear serum.

Mr. S. was a full-sized man, indeed, when in health, he must have weighed fourteen or fifteen stone; but I never saw such a brain, so small in size, or the convolutions so shrivelled. I was very sorry that I could not take it away to weigh it, but I had not the opportunity so to do.

* The preparation of the arteries was shown.

LIVING ANIMALCULES IN HUMAN URINE.

By E. J. SHEARMAN, M.D., Rotherham.

(For the Provincial Medical and Surgical Journal.)

I am induced to relate the following case in its present state, rather than wait for its termination, in order to enquire of my medical brethren, if they have ever met with a similar condition of the urine? I never did myself, nor can I find any notice of such animalcules by any author who has written on urinary diseases.

Thomas S—, saddle-tree maker, a pale, scrofulous-looking, tall, unmarried, sober and steady man, aged 28, consulted me on the 12th of June. He is emaciated; exceedingly weak; pulse 90, and feeble; tongue furred, brown in the centre and white at the edges; no appetite; no pain; no cough; often affected with diarrhoea, but the evacuations healthy in colour.

On examining his chest, I found the *right infra-clavicular* region rose much less than the left during

inspiration; the whole of both sides of the chest sounded duller than usual, but the *right infra-clavicular* region was duller than the left, and had a little tubular respiration; no bronchophony, but a slight sibilant rhonchus in the lower lobe of the right lung; no loud expiratory murmur. The liver and stomach afford no signs of disease. He complains of no uneasiness or pain in the region of the kidneys; and has no spinal tenderness. Passes urine in small quantities, but without difficulty or pain.

On examining the urine which he passed from after dinner to bed-time, and that which he passed when he rose in the morning, daily, I found it of the specific gravity of 1.020 to 1.025, of dingy amber colour, faintly acid, with a peculiar deposit of urate of ammonia in very small quantities. But there are *myriads* of animalcules swimming about with great vigour in it, principally in three forms. One kind is almost a circle, with a little break in the circumference; another appears like very minute earth worms—some much larger than others, but they twist themselves about into various forms, and are in great abundance; a third form appears as if the body diverged into two tails. They are perfectly *unlike spermatozoa*, and appear to be pretty nearly the same circumference from head to tail. Whether the round ones eventually merge into the long description, I cannot affirm, but I think it very probable. The rough sketch of their appearance as seen under the microscope, is with the power of a quarter of an inch; and in one drop, myriads of these creatures are seen darting about.



I have shewn these living creatures several times to a medical friend accustomed to test the urine, who has been as much surprised at their appearance as myself.

There is no evidence of any disease in the spermatic organs or kidneys; he has never had syphilis, gonorrhoea, or disease of the bladder or urethra, and never been guilty of onanism. To prevent the possibility of imposition, I saw this man pass some urine into a perfectly clear glass jar, which I immediately examined, and found exactly the same kind of company enjoying themselves very briskly. Some of the specimens of the evening urine speedily become alkaline, and have killed all the live stock; but the others remain the same as when passed for several days, and the animals are quite active in it.

It will very naturally be conjectured that the animalcules have been generated in the fluid from the effect of the hot weather; but I have daily examined the urine of many other patients, and have kept some specimens for weeks, and I have this day examined the whole of them, and this is the only specimen of the kind I ever saw. Moreover, these animalcules exist in the urine *when it is passed*, which proves that the atmosphere has nothing to do with it.

I will watch this case carefully through, and give in due time the event. Meanwhile, should any of your numerous readers be able to throw any light on this subject, through the pages of this Journal, it will be gratefully received.

Rotherham, June 25, 1846.

IPECACUANHA, IN EMETIC DOSES; AS A POWERFUL RESTORATIVE IN SOME CASES OF EXHAUSTION AND SINKING.

By JOHN HIGGINSBOTTOM, F.R.C.S., Nottingham.

(Read before the Nottingham Medico-Chirurgical Society, May 23, 1845.)

In the year 1814, I was first led to see the extraordinary beneficial effects of ipecacuanha as an emetic, in a female 40 years of age, who was in a sinking state, in the last stage of cholera; her countenance was shrunk, extremities cold, cramp in the legs, and other symptoms of approaching dissolution. I had previously attended two similar cases, where I had given opium, brandy, and medicinal cordials, and both patients died. I was induced, in this instance, to give a scruple of ipecacuanha, from having frequently seen the good effects of it in the early stage of the disease. After the lapse of two or three hours, I again visited my patient, fearing I should find her dead, but, to my great pleasure and surprise, so great a change for the better had taken place as to appear almost incredible; the whole of her body was of a natural warmth, the dangerous symptoms had disappeared, and she made no complaint, except that she was very weak. She had no further unfavourable symptom of the disease, and was soon convalescent.

My confidence in the ipecacuanha, as a remedy in such cases, has now been confirmed during the practice of thirty years; the purging, vomiting, and cramp, often entirely cease after the emetic operation of the ipecacuanha, but I have thought it proper to give, in about two or three hours after the emetic, a pill with a grain of opium and five grains of the blue pill, to allay any remaining irritation of the stomach and intestines, and an aperient with one scruple of rhubarb and two of the sulphate of potash, to assist the natural action of the bowels, and a simple saline effervescing draught every two or three hours afterwards; weak tea, well-boiled gruel, milk, with sago or arrow-root, as nutriment and diluents.

UTERINE HÆMORRHAGE

The next case which attracted my particular observation, was the utility of ipecacuanha in severe uterine hæmorrhage. I attended the patient three times in labour, in the years 1821, 1823, and 1826, and each time with most severe flooding immediately after the separation of the placenta. I employed the usual remedies, such as the sudden application of cold water to the abdomen, pressure to cause contraction of the uterus, with the administration of opiates, wine, and brandy, which were at that time common remedies. These were cases of great anxiety, and I had to remain with my patient several hours before it was safe to leave her.

In her third confinement, I was afraid she would die. After having used all my remedies, and having given her half-a-pint of brandy and a pint of port wine, which was of no avail, it occurred to me, that in the former cases in which I had attended her, when I had used the same means to check the hæmorrhage, there was no amendment until she had ejected the contents of the stomach. I was, then, most anxious that vomiting should take place, in hope of relief, as she was rapidly sinking. I thought that as vomiting had been so beneficial to her before, I was in this case

justified in producing it by giving an emetic. I directly gave her half a drachm of ipecacuanha; a full vomiting soon succeeded, and a large quantity of fluid was ejected. I was much struck with an expression of my patient, which I had several times heard before in similar cases, after vomiting. After a deep sigh, she said, "Oh! I am better; I am better now." The hæmorrhage ceased directly, and did not return; the symptoms of sinking abated, and the patient appeared in her natural state of body, but very feeble. A little plain gruel was all the nutriment given her, and she recovered gradually from her weak state. I attended the same patient three times afterwards, in the years 1827, 1829, and 1831, and what is very satisfactory in favour of the *secale cornutum*, which was about that time becoming more used in this locality, I gave, in every case, half a drachm of the powder before the birth of the child, a similar dose after the birth, before the separation of the placenta. This remedy had the desired effect of preventing the hæmorrhage, so that I had no further need of the ipecacuanha, or indeed, of any other remedy.

Several years ago, I had a patient, on whom the *secale cornutum* had no effect in preventing the hæmorrhage, and I gave the ipecacuanha with a favourable result.

For nearly twenty years, I have lost all confidence in the diffusible stimulants, such as wine, brandy, &c., in uterine hæmorrhage, from a conviction that they increase the arterial circulation, and, consequently, the hæmorrhage, and I find that opinion corroborated by the writings of Drs. Clutterbuck and Ramabotham.

The utility of ipecacuanha in uterine hæmorrhage has been proved by Dr. Osburn, of Dublin, but I am not aware that he has recommended it in extreme cases of exhaustion or sinking.

BRONCHITIS.

I have found an emetic dose of ipecacuanha a very valuable remedy at that stage of bronchitis where a sudden, low, or sinking state has come on with oppression at the chest, and the expectoration difficult, endangering suffocation. Vomiting with ipecacuanha has not only soon relieved these symptoms, but has roused the whole system, and has produced such a decided change, as to render the patient convalescent in a few days. I never have seen the same good effects in such circumstances produced by any other remedy. The two following cases are of that description:—

Mr. D—, aged 60, an innkeeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelatos inflammation of the leg and thigh. This had in some measure subsided, but he had at the same time bronchitis, attended with a troublesome cough, difficult respiration and expectoration. A sudden state of sinking came on, with increased dyspnoea, and a feeble quick pulse. I gave half a drachm of ipecacuanha in a little water; he vomited at different times for two hours; the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild treatment.

Mrs. C—, aged 78, had an attack of the prevailing influenza; saline aperients, with diaphoretic and expectorant medicines, had been given for about five days, when a low sinking state came on, with

difficulty of breathing. I was inclined to give an emetic of ipecacuanha as the most probable remedy to afford relief. I named it to her daughter, fearing the old lady would object to it. I was glad to find my patient would take it; and I may here mention the favourable idea patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her a half-drachm dose of ipecacuanha, which had the desired effect of completely relieving her. I was only required to visit my patient for five more days, she being then quite convalescent."

The following observations in "Dr. Johnson's Review," p. 492, April 1844, are corroborated by the above case, and I have no doubt will hold good in a variety of diseases, both in the commencement, and in the sinking stage of the disease:—"The use of emetics, (I would say ipecacuanha, from the great safety of its operation,) is far too much neglected in the present day, and most practitioners are unnecessarily timid about using them to old patients; a single emetic will often effect more good in the course of a day or two, than other remedies in a week or two."

CASE OF SUSPENDED ANIMATION.

I was called about ten P. M., to visit Miss S—, aged eighteen. The messenger, her sister, informed me that she was afraid she was dying. I saw her in about ten minutes: my first impression was that she had taken poison, until assured of the contrary by her mother. She appeared in a state of asphyxia. Her extremities were cold, face livid and swollen, or the appearance of being puffed up; no pulsation at all perceptible in either wrist; her mouth was open, and her lower jaw fallen; indeed, she appeared to be dead. I ordered her feet and legs to be fomented directly with hot water by means of flannel, and a hot oven-shelf, inclosed in flannel to be placed under the legs. I poured down her throat half a drachm of ipecacuanha in water,—for she was incapable of swallowing,—then I rubbed very freely the whole length of the spine with the acetum cantharidis. The emetic not operating in a few minutes, I gave another half-drachm of ipecacuanha, and shortly after there was a convulsive motion of the diaphragm, followed by vomiting—she ejected some very thick, slimy mucus. On still rubbing the blistering vinegar along the spine, she gave signs of uneasiness in her countenance, and expressed her pain by saying "O!" I remained with her until after midnight. Before I left her, she had become generally warm throughout her body, and could speak in a very low voice, but there was no pulsation in either wrist. I prescribed a mixture with aromatic confection and camphor mixture, to be given every hour, and a little gruel, or other light nourishment, occasionally. I left particular directions to send for me if she had any unfavourable change. The following morning she was quite recovered, but very feeble; she had no recollection of her illness, and could give no account of the cause. She had been sewing during the evening, sitting with her back to the fire, and had only a potatoe for supper, and on going out of doors into the yard, she became suddenly chill and faint, complained of pain between her shoulders, and felt very ill indeed. She then went to bed and became sick, and vomited a little watery fluid, and said she was going to die. A sudden swelling of the face came on, succeeded by a convulsive motion, and stretching of

the whole body; then followed the state in which I found her. No further medical treatment was required but an occasional aperient; the swelling of the face was several days in subsiding.

SINKING DURING THE PUERPERAL STATE.

Mrs. B—, aged 23 years, very delicate, and pale complexion. I attended in her first labour on the 12th of March last, which was very protracted and severe, and being attacked with puerperal convulsions, I had to take about twenty ounces of blood from the arm, and found it necessary to perform embryotomy. She was exceedingly low afterwards, but gradually recovered for about eight or nine days, requiring no other medical treatment than mild aperients and injections. About the ninth day she complained of severe pains in the course of the colon, particularly at the caput coli and the sigmoid flexure. Mustard plasters were applied, and active purgatives, with benefit, but a continued vomiting came on, attended with considerable lowness. Dr. Hutchinson was called in to visit her with me. Injections of half a pint of beef-broth with half an ounce of spirit of turpentine were administered every four hours; a common blister of cantharides was applied to the scrobiculus cordis; plain gruel or other light nutriment was given, as most likely to remain on the stomach. The vomiting still continued; the turpentine injections occasioned much pain after they were administered, and there was a very alarming increase of exhaustion and sinking.

In this case it occurred to me that an emetic dose of ipecacuanha was the most probable remedy to rally the sinking powers, and with the concurrence of Dr. Hutchinson, I gave half a drachm, and remained with her during its operation. A fuller vomiting was produced than I could have expected, although it was small in quantity, yet it occurred to me that the natural effort had long been exerted in vain to accomplish what the ipecacuanha directly effected—that of completely emptying the stomach. I remained with my patient an hour, and left her somewhat better. After I had gone she turned herself on her left side, and remained so still for several hours as to alarm her husband, who sent for me directly, fearing she was dying. I found her pulse much improved; she was still lying on the left side; the sickness had abated. A little plain gruel was given, and a half-pint injection, with equal parts of milk and gruel, was administered every four hours. A slight vomiting came on after this time, but did not continue; her appetite improved so much that there was a difficulty in restraining her from taking improper food, such as beef-steak, &c. Her stomach was disordered twice during her recovery from this cause, so as to require two emetics of ipecacuanha, which were given with advantage. The patient fully recovered, and is now in her usual health.

I was impressed in the above case, not only with the great value of the ipecacuanha, but also with the benefit arising from the glysters, in conveying nourishment to the system when in an anæmized state, and when food could not be received or retained in the stomach; indeed, I have often thought, from the great absorbent power of the colon, that glysters might supersede the necessity of transfusion, having this advantage—the perfect safety and facility of the operation.

CASE OF SPONTANEOUS DRY GANGRENE.

By HENRY DAYMAN, Esq., Surgeon, Milbrook.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Through the kindness of my friend Mr. Nott, of Bere Regis, Dorset, I am permitted to lay before your readers a case of spontaneous dry gangrene in a boy; which, although presenting but little practical interest, may be considered a pathological curiosity.

John Dowell, aged 10, a labourer's son, well clothed and fed, was first seen by Mr. Nott, November 3rd, 1842. He had slight febrile symptoms, with a few petechiæ on the legs.

November 7th. The spots had disappeared, but the tip of the nose and the pinna of each ear, the calves of the legs, the lips, a spot in each cheek, both hands, and part of the right forearm, were of a dark colour, presenting the appearance of effused blood; the tongue white, no appetite, secretions healthy. As the disease looked more like purpura than anything else, it was thus treated; no alteration, however, was visible for several days, nor did any other part of the body become affected subsequently. On the 14th, Mr. Nott was surprised to find the discoloured spots quite cold and without sensation. Gangrene had in fact taken possession of them, and although the boy lived fourteen months from the date of the commencement of

the attack, no other parts of the body became diseased, neither did the gangrene spread in the parts affected; and, what is perhaps more singular, nature, in making a material effort to relieve herself of the dead members, did not exhibit the same action, or activity of purpose at all points. In the calves the disease was thrown off, but instead of healthy granulations and skin, dry scales like the bark of a tree were formed. The tip of the nose, and ears, and the lips, dried and dropped off, leaving the surface underneath quite healthy; a line of separation became apparent at an early period on the right forearm and left hand, yet no disunion took place. The saline treatment was in the first place adopted; afterwards Mr. Nott thought fit to substitute tonics and a generous diet.

The patient lingered until the 9th of January, 1844, when death took place, and unhappily no *post-mortem* examination could be obtained.

Many medical men saw the case, and many were the conjectures as to the pathology. Inflammation of the arteries, disease of the heart, (though it is right to state, that the sounds of the heart were, throughout the duration of the malady, normal,) ergotism, morbid condition of the blood, were among the theoretical suppositions set forth to account for the strange appearances. Not one however, could be brought to bear upon every feature of the case. The mysterious cause came suddenly on the patient, and as suddenly ceased, with the fatal effects which it occasioned.



At Mr. Nott's request, I took a sketch of the boy about four months before his death, which I have since engraved by the glyptographic process, and I willingly avail myself of this opportunity of recommending glyptography to the members of Pathological Societies, and other amateur contributors to this Journal, as an economical method of illustrating medical literature,

and also as being an art which is within the reach of all who understand the use of the lead pencil.

I remain, Sir,

Your obedient servant.

HENRY DAYMAN

Milbrook, near Southampton,
June 9th, 1846.

PROVINCIAL
Medical & Surgical Journal.
 WEDNESDAY, JULY 1, 1846.

The want of comprehensive views in the management of public affairs is, perhaps, in no case more felt than in such as relate to what may be termed the social condition of the population. Wherever a miserable system of false economy is suffered to regulate the transactions of public authorities, in reference to the protection and social welfare of the subject inefficiency, evils of various kinds, and ultimate loss are the inevitable consequences. Very many examples of the truth of this position might be adduced from various departments of the public service; but to confine ourselves to such as are more immediately connected with professional considerations, the whole system of medical relief under the poor-law affords at once a glaring instance. In all such cases, the value of an object sought to be attained should be well considered, and if the end be really desirable for the public good, no minor considerations as to the saving of certain small sums out of the salaries of public officers and other items of necessary expenditure, should be for one moment entertained. Economy of this description is unjust to the public officer, if he does his duty; it is unjust to the public, if he is disposed to evade it; while it affords the ready plea of inadequate remuneration for the services required of him in the event of any open mischief resulting from neglect.

A miserable instance of the operation of this system of petty saving is afforded by the murders recently detected at Happisburgh, in Norfolk. Magistrates have of late it seems been disposed to carry out the saving system in the reduction of the salaries of various officers, the regulation of which comes under their jurisdiction; and acting, it may be presumed, on the experience which they have gained as official Members of Boards of Guardians under the poor-law, in squeezing out of the medical officers a maximum amount of service at a minimum amount of remuneration, have sought to introduce the same principle into the Court of Quarter Sessions. The coroner's cravings for the expenses, &c., of inquests have thus appeared to them a fitting subject for cravings on their part from the amount of remuneration. This officer, however, wiser in his generation than the Union medical officer, has in consequence openly declined to perform such of the duties of his office as the magistrates have refused to pay for; the evil which has inevitably resulted is most lamentable, and the brief history which the Home Secretary gives to the House of Commons, of its rise, progress, and effects, is peculiarly instructive. In reply to a question put to

him on the subject of the Norfolk murders, we find Sir James Graham making the following observations:—The Right Honourable Baronet said—

"He would take that opportunity of stating what he considered a very serious cause of complaint; he alluded to the infrequency of inquests throughout the country. In the case to which the Hon. Member had referred, no less than twenty persons had died, there was every reason to believe, from poison administered by one individual; and yet in no one of those cases had an inquest been held. Now, by law, any person having reason to think that a death had occurred under suspicious circumstances, was entitled to call on the coroner to hold an inquest. But within the last few years, there had arisen a disposition, at the courts of quarter session, to dispute the payment of the charges of coroners; and the result was, that inquests had not been held in a great many cases in which, in his opinion, they ought to have been held. He understood that the magistrates of Devon had come to a resolution not to allow the expenses of coroners in cases in which verdicts of 'Died by the visitation of God' had been returned. (Loud cries of 'hear, hear.') The consequence was, that a coroner of that county had refused to hold an inquest in a case at Ilfracombe, in which it was alleged that an inquest ought to take place. That refusal of the coroner was at present under the consideration of the Court of Queen's Bench, and the resolution of the magistrates would also be brought before it. He (Sir J. Graham) should repeat, that, in his opinion, that determination not to allow the expenses of coroners, had operated most injuriously with reference to the performance of the duties of those officers. It certainly appeared to him, that the law, as it at present stood, ought to be more generally carried into effect: if duly carried into execution, it would be found effectual."

The Right Honourable Secretary is unquestionably correct. The public may have a legal right to the service of any subject of the State, but can have no moral right to expect those services to be efficiently performed without adequate recompence. The principle holds good in one department of the public service as well as another, and *mutatis mutandis*, Sir James Graham might have observed with equal truth, and with equal justice, that the determination on the part of Poor-Law authorities not to afford sufficient remuneration to the medical officers of unions, "had operated most injuriously with reference to the performance of the duties of those officers."

Now, in the instance to which we have referred, the saving of the Coroner's expenses for one inquest has led to the criminal destruction of twenty lives. But here, as in every other branch of our criminal code, the true aim and intent of the law is the prevention of crime. The whole system of our courts of judicature is based on this principle; the perpetrator of a crime is punished, not in revenge for his outrage, but that such outrage may not be committed. The facilities for the detection of concealed crime, which the inquiry before the Coroner's

Court into sudden death affords, must operate strongly in the prevention of such crime; and every instance of crime where the inquest is evaded, acts most injuriously against the protective principle of the Court.

The guinea here saved to the public then, becomes a premium on inefficiency, and the public are themselves the sufferers in the loss of that protection which the Coroner's inquest is calculated to afford; and on the purely financial ground, the expenses consequent upon every crime which may subsequently be committed from the probability of the inquest being evaded, and from its moral influence being lessened, will ultimately far outweigh in amount any saving which might thus be immediately effected.

BATH AND BRISTOL BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Fifth Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association was held at the Literary Institution, Bath, on Thursday, June 18th; present:—Mr. Estlin, Dr. Budd, Dr. Fox, Mr. Lancaster, Mr. Colthurst, Mr. Mortimer, Dr. Bompas, Mr. Humpage, Mr. Hetling, Bristol; Mr. Vicary, Warminster; Mr. Ormond, Mr. R. Godfrey, Dr. Daniell, Mr. George, Mr. King, Dr. Tunstall, Mr. Norman, Mr. Soden, Mr. John Soden, Dr. Cardew, Dr. James Watson, Dr. Davies, Dr. Blackmore, Mr. Bartrum, Mr. Hensley, Mr. Batty, Mr. Cox, Mr. Stone, Dr. Tarlton, Dr. Morgan, Bath.

Mr. Estlin, the President, on taking the chair, acknowledged the kindness and courtesy which he had experienced during his year of office, and then resigned it to his successor, Mr. Ormond.

Mr. Ormond, in returning thanks for the honour conferred upon him, spoke of the advantages which must necessarily accrue from the establishment of such an Association as that to which they belonged, in encouraging its members to increased exertions, and in imparting a tone to the profession which their occasional meetings were so well calculated to develop. Cases of great importance, or of great interest from their rarity, were thus brought forward, and the good results of this professional intercourse must be sufficiently apparent. Each succeeding year increased the responsibility of the medical practitioner, and an Association like the present was a guarantee for the zeal, probity, and ability of those connected with it. Mr. Ormond congratulated the members on the success which had attended the Association during the past year, and spoke of the good results of their recently established quarterly meetings. He regretted exceedingly that they were about to lose the services of Dr. Morgan, their respected Secretary, who was about to retire from the duties he had so punctually, zealously, and ably performed, Dr. Morgan, in consequence of having changed his residence to some few miles from Bath, not considering himself able any

longer efficiently to discharge the duties of the office. By the death of Mr. Tudor the Society had to mourn the loss of a valuable member, who was ever attentive to its interests, and a liberal contributor to the Benevolent Fund. In allusion to the subject of medical reform, the President said that it was a question of exceeding difficulty, and after several attempts on the part of the Right Honourable the Home Secretary to introduce some measure of reform, he had been so assailed that he had at last abandoned the task in despair; and unless some definite plan were decided on by the instrumentality of some such united body as their own Association, there would be no general enactments passed for the protection or advancement of the profession. The President urged it upon each member to do all in his power, within the influence of his own individual sphere of action, to uphold and advance the honour and probity of the profession, and concluded by calling on the Secretary, Dr. Morgan, to read the Report of the Council for the past year.

The Report of the Council was then read by Dr. Morgan, and adopted.

Dr. Bompas was appointed President elect.

Mr. Bartrum was elected Hon. Secretary for Bath, in place of Dr. Morgan, resigned, in consequence of his residence being too far from Bath to allow him sufficiently to attend to the duties of the Branch.

Some ordinary business having been transacted, Dr. Budd brought before the consideration of the meeting a series of resolutions, of which he had given notice to the Council, and entered at length upon an inquiry into the general affairs of the Parent Association, the worth and utility of the "Volume of Transactions," the weekly Journal, and the application of the funds of the Association. Considerable discussion then ensued, and the following resolutions, embodying Dr. Budd's views were carried, and, with the exception of the third, unanimously.

"1st. That so large a sum as that annually subscribed by the members, amounting now to about £2000, might, if more expressly applied than at present to the encouragement of medical science in common with the other objects of the Association, be made to lead to results of such value and importance in the shape of original investigations and researches as would confer lustre upon the Association as a public body, and do honour to the provincial members of the profession generally.

"2nd. That, by the present administration of the funds, which are now almost wholly absorbed by the weekly Journal, and annual Volume of Transactions, these results are very imperfectly obtained, and that the two publications just named form a very inadequate return for the large sum of money expended upon them.

"3rd. For the sake of economy, therefore, but more especially with the view of forming a reserve fund, for the promotion of the objects expressly named in the first resolution, this meeting would suggest, and begs earnestly to recommend, that the Journal be published in future but once a fortnight, or once a month; that the annual list of members and retrospective addresses, if continued, be printed in the Journal, and that the Volume of Transactions be altogether given up, or, if continued, be devoted exclusively to the publication of important original researches, and be published from

time to time, at such intervals as the accumulation of matter requires.

"4th. That the reserve fund be bestowed in grants for the encouragement of original investigations, or in rewards for essays on medical subjects, in such manner and in such sums as the Council may think fit.

"5th. That Dr. Streeten be instructed to read a copy of these resolutions at the Annual Meeting, at Norwich, and to print the same in an early number of the Journal, previously to the General Meeting."

Mr. King exhibited to the members an instance of extraordinary malformation in a living female child, consisting of a symmetrical arrest of development in the arms and feet.

Several valuable communications had been sent in to the Secretaries, but so much time was occupied in the discussion of Dr. Budd's resolutions, that they were postponed to the next *Conversazione* at Bristol.

EXAMINATION OF BLOOD-STAINS.

The following evidence in reference to the character of certain marks and stains, from blood, was given in the re-examination of Benjamin Gibbins, who stands charged with the murder of Ann Sloman.

Mr. Daniel Ross, surgeon, of High Street, Shadwell, who had given evidence before, was recalled by the magistrate. He stated that he first saw the body of the deceased woman about half-past eight o'clock on the morning of the second of June. From its appearance he should say the woman had been dead from four to six hours. He saw the prisoner directly afterwards. He had marks of blood on his jacket. His impression at the time was that the blood on the prisoner's jacket was arterial blood from its bright florid character. The blood on the right sleeve of the jacket appeared to have been squirted upon it.

Mr. Ballantine, (the magistrate).—Could it have been after the death of the party?

Mr. Ross should say not. He believed the blood was squirted on the prisoner's jacket from a living subject. He had examined the jacket more accurately since the first examination. The result of that examination was that he believed the blood to be arterial, and that it possessed vitality at the time it was squirted on the sleeve. There were splashes of blood on the prisoner's jacket, and his opinion was they were jerked upon it while the woman was alive.

Mr. Ballantine.—The prisoner has stated that in lifting the head of the deceased, after death, the blood fell upon his clothes.

Mr. Ross.—The appearances I saw could not have been so produced, and so long after death. I don't think it possible at all.

Dr. Henry Letheby, a physician, and professor and lecturer on chemistry at the London Hospital, was next called, and deposed as follows. On Monday last I received from Sergeant Townson, of the police, a jacket, waistcoat, and trousers, and two paper parcels, one containing scrapings from a plaster wall, and one from the panel. I first examined the jacket, and found spots and patches of blood in the following places:—First there was a large patch of blood interrupted by the folds of the sleeve upon the front and about the middle of the left sleeve; secondly, there

were some other spots on the same sleeve nearer to the shoulder on the front part, some also in the inner part of the left lappel, other spots on the inside of the right lappel, and some on the back part and outer part of the left sleeve about midway between the elbow and the shoulder. On the waistcoat I found the following spots:—Several on the front and middle of the right collar, which was a turn-over one; some other small spots, as if from a jerk or a jet of blood, on the front on the right side, a little above the waistcoat pocket; and others much larger on the front of the waistcoat, as if from jets; lastly, there were two large spots on the waistcoat close to the upper button hole. Portions from all these were scraped off, and carefully examined by the microscope. Those upon the sleeves were found to contain blood-globules that could only be recognized by the microscope, imbedded in coagulated fibrin. The patch on the middle of the left arm also contained scales or scurf, similar to those found on the woman's scalp. There was a piece of brown hair also imbedded in it. The spots were further examined chemically. On scraping off portions and digesting them in water little white *flocculi*, called *coagula*, and a deep pink solution were obtained. The solution had the following characters, proving it to be blood:—First, it had a pink colour, and that colour was not heightened or rendered green by ammonia, showing it was not a vegetable colour; it was rendered dark by sulphuric acid. It was also coagulated on being boiled, and gave a precipitate, or *flocculi*, with nitric acid, corrosive sublimate, and nitrate of silver. I then examined the scrapings from the wall. The mixture demonstrated the presence of *flocculi* and *coagula*, and the rest being digested in water gave the same results as the former. The examination of the wood-scrapings led me to think they were not blood, but I will not speak positively as to that. On Tuesday morning I also received from Sergeant Townson a large piece of matting, marked with a large blood-stain, and a piece of wood similarly marked. On examining the blood on the matting by means of a microscope, I found it contained globules but no coagulated fibrin; there were also particles of scurf, like those on the human scalp; the chemical examination proved the spots to be blood-spots. The examination of the wood also led me to believe there was uncoagulated blood but no fibrin in it. The conclusions I have come to by reason of the inquiry are these—1st., that the spots on the jacket, the waistcoat, the plaster wall, and matting, were blood-spots; secondly, that the spots on the jacket, waistcoat, and wall, resulted from living blood, while that on the matting resulted from dead blood or occurred some time after life was extinct; thirdly, I conclude the blood came from the scalp, by reason of the scales; and fourthly, that many of the spots appear as if they had resulted from jets, and some from being rubbed on.

Selections, &c.

THE VARIOLOID DISEASE.

Dr. Ritter, of Rottenberg, has published a paper on the varioloid disease, with historical researches on small-pox inoculation and the vaccine. The author sums up his researches with the following propositions:—

1st. The varioloid was known in Europe previously to the introduction of vaccination, and has no relation with it as a cause.

2nd. The varioloid has been observed in vaccinated persons, in those not vaccinated, in those who have, and in those who have not had small-pox; sometimes occurring independently, sometimes at the conclusion of, or at the same time, as variola and the vaccine. It is not, therefore, a hybrid, but a special disease.

3rd. In inoculating with the varioloid, persons who have or have not been vaccinated, or who have or have not had small-pox, pustules which resemble, in part varioloid, and in part resembling those of the vaccine—an evident proof of the special nature of the varioloid.

4th. If a mixture of small-pox and vaccine matter be inoculated, pustules which resemble one or other of these diseases are produced, but not varioloid pustules. This disease, therefore, is not a mixture of the other two.

5th. The varioloid is spontaneously developed in our climate under certain atmospheric conditions, and may be propagated by infection or inoculation and never become epidemic.

6th. Infection and contagion are not sufficient to occasion the varioloid to become epidemic; it is also necessary that the system be prepared to receive it by certain states of the atmosphere, epidemic constitution, &c.

7th. The varioloid is commonly a mild disease, and rarely fatal.—*Medicinisches Correspondenz-Blatt*; in *Gazette Médicale de Paris*.

CHEMICAL COMPOSITION OF TUBERCLE.

The following conclusions as to the nature and composition of tubercle, have been arrived at by Dr. J. Hughes Bennett, as the result of his examination of the analyses of tubercle, by various authors:—

1st. That tubercle consists of an animal matter, mixed with certain earthy salts.

2nd. That the relative proportion of these varies in different specimens of tubercle; that animal matter is most abundant in recent, and earthy salts in chronic tubercle.

3rd. That the animal matter certainly contains a large amount of albumen. Some chemists have also detected caseine, the existence of which is probable; others gelatine, the presence of which is more doubtful. The statement of Gueterboeck, that it contains a peculiar animal matter, (phymatine,) has not been confirmed by other analysts. Fibrin and fat exist in small, but variable proportions, as a constituent of tubercle.

4th. The earthy salts are principally composed of the insoluble phosphate and carbonate of lime, with a small proportion of the soluble salts of soda. The statement of Boudet, that cretaceous concretions are principally formed of the latter, is directly opposed by other chemists, and is quite incompatible with their long persistence in the body.

5th. That very little difference in ultimate composition has yet been detected between recent tubercle and other so-called compounds of portein.

The two problems which the pathologist wishes the chemist to resolve are—1st. What difference exists between tubercle, lymph, and cancer? 2ndly. Does the blood undergo any change which bears a relation to the production of these deposits?—*Northern Journal of Medicine*.

VOMITING OF PREGNANT WOMEN.

Dr. Stackler has communicated to the Medical Society of the Bas Rhin two cases of obstinate vomiting in pregnant women, in which the symptoms yielded to the black oxide of mercury, given in the dose of five centigrammes (three-quarters of a grain,) daily. There was not the least trace of salivation nor any other inconvenience after the use of this medicine. Dr. Jauger referred to cases of hysterical convulsions and vomitings sympathetic with the condition of the uterus, which had been cured by the black oxide of mercury. According to this physician the medicine is equally appropriate in irritated states of the organ, whether in pregnancy or otherwise. Should further experience confirm this property of the black oxide of mercury, its importance will be readily comprehended by those who recollect how extremely severe are the obstinate vomitings with which females are occasionally attacked during gestation. Professor Forget took occasion of the communication of Dr. Stackler to quote the case of a woman who had been reduced to the last degree of emaciation by these nervous vomitings, and at length died during the sixth month of pregnancy.—*Gazette Médicale de Strasbourg*.

COMBINATION OF CARBONATE OF IRON WITH SULPHATE OF QUININE IN INTERMITTENT FEVER.

Professor Lippich, of Padua, recommends the addition of the carbonate of iron to the sulphate of quinine in the treatment of periodical fevers. The following is his formula:—

Carbonate of iron	One gramme
Sulphate of quinine	One gramme
Extract of taraxacum	q s.

To be made into a mass of proper consistency and divided into thirty pills, two of which are to be taken every two hours. The carbonate of iron may be gradually increased to two grammes.—*Gazette Médicale de Paris*.

MESMERIC SURGERY.

A surgical operation, performed by Dr. Loysel, at Cherbourg, on the 27th of May last, upon a mesmerised patient, has produced in that place an extraordinary sensation.

The particulars, as they appeared in the *Journal de Cherbourg*, signed and attested by the Sous-Prefect, the maritime authorities, the principal medical men, and many distinguished inhabitants of the place, who were present at the operation, are as follows:—

“At forty minutes past four p.m. of the day above-named, Dr. Loysel, assisted by Dr. Gibon and three other medical men, performed, with remarkable talent and complete success, the operation hereafter described,

upon a patient named François Baysett, aged 18, who was previously placed in a state of mesmerism and absolute insensibility.

"Since four o'clock, the patient, being placed in an arm chair, had been brought into the necessary state by M. Delente, by whom he had already been several times mesmerized. After about two minutes the eyes of the patient closed by gentle degrees; the upper eyelids, agitated by a gentle trembling, rested firmly against the ball of the eye, which appeared convulsed under the eyebrow; the muscles of the neck gently relaxed, the head inclined backward, and rested upon the back of the chair. The patient held his arms crossed upon his chest, and his countenance bespoke the most absolute quietude. At this juncture the mesmeriser experimented upon the sensibility of the patient by puncturing his flesh repeatedly, but of which he appeared quite unconscious.

"In the mean time Dr. Loysel had prepared his instruments, and the medical assistants were ready to aid the operator. At 4h. 40m. the first incision was made, extending from the hinder part of the left lower jaw to beneath the symphysis of the chin. The operator then dissected with great caution, and speedily eradicated a mass consisting of seven glands united, of which the largest was of the form and size of an egg.

"The first dissection, notwithstanding the skill with which it was executed, did not last less than ten minutes, and during that time the patient continued in a state of utter insensibility to pain, his features manifesting no motion, but continuing perfectly calm to such a degree as to denote the total absence of the smallest suffering. Nevertheless, several of the spectators, unable, any longer to endure the sight which this dreadful operation presented, quitted the apartment. The pulse, of which the state was ascertained previous to the operation, remained the same during and afterwards, (eighty-four,) and the heavings of the chest continued in a regular manner, and in perfect harmony with the beating of the heart.

"After an interval of a few minutes rest, the doctor effected a fresh incision on the right side, extracting in the like manner two other glands, the patient remaining the same as during the first operation, maintaining a state of calm immovability altogether inexpressible.

"The two operations lasted altogether, including the interval of repose, twenty-nine minutes; after which one of the spectators, who appeared particularly interested by this phenomenon, questioned the patient in the following manner:—

"How do you find yourself?—'Quite well, Sir.'

"Do you suffer now; I saw you suffered but a little while ago?—'Not at all, Sir.'

"At thirty-one minutes after five the dressing of the wounds commenced, which continued till three minutes before six, when it was accomplished; then everything calculated to make a disagreeable impression upon the patient was removed from the apartment; and, having washed and adjusted his dress himself, he was awakened by his mesmeriser in less than a minute.

"Restored to the ordinary state of life, with all the apparent calmness of a comfortable existence, the patient declared to the numerous witnesses of the operation, who interrogated him upon the subject, with a lively emotion, that he had no knowledge or

recollection whatever of what had just passed, that he was free from pain, and that, without the bandages which enveloped his head, he should have had no idea that the operation had been performed; and after having affectionately thanked the operator, the mesmeriser, and the medical gentleman, he retired and proceeded on foot, and without any support, to his residence at Egneurdreville, about half a league from Cherbourg."—*Times*.

ROYAL COLLEGE OF CHEMISTRY.

The ceremony of laying the first stone of the new laboratories of this college was performed on Tuesday, June 16th, by His Royal Highness Prince Albert, who was attended by many noblemen and gentlemen of high standing in the scientific world. Amongst them were Lord Clarendon, Lord Palmerston, Lord Sandon, the Bishop of Norwich, the Bishop of Durham, the Bishop of Oxford, Richard Cobden, Esq., M.P., Sir James Clark, Bart., Sir R. J. Murchison, Bart., Sir R. Westmacott, Bart., Sir R. Throckmorton, Bart.; Professors Graham, Brande, Hoffman, Wheatstone; Drs. Paris, Henry Holland, Prout, Southey, Grant, &c.

His Royal Highness having performed the ceremony of laying the first stone—

Lord Clarendon said that he had been deputed by the Council of the Royal College of Chemistry to convey to His Royal Highness the humble expression of their gratitude for the great and important service he had that day rendered them by laying the first stone of the building in which their future researches and operations in the science of chemistry were to be conducted. After alluding to the patronage which His Royal Highness has so liberally bestowed upon the many valuable institutions of this country, Lord Clarendon spoke in the highest terms of praise of Dr. Hoffman, whose services had been secured to England through the influence of Prince Albert with the King of Prussia—services which, his lordship said, must have fulfilled His Royal Highness's most sanguine expectations. They did not forget the liberality of the Prince in contributing so largely to the funds of this institution, and were fully aware that when he consented to be the president of the college, he would not content himself with being president in the mere nominal sense of the word; but he would prove himself a true friend to the institution, and one who was watchful over its interests. This institution was destined to promote that science the want of which had been long and severely felt by this country, and was daily becoming more apparent. His lordship, after commenting upon the beneficial effects likely to result from the establishment of these laboratories, and the patronage of His Royal Highness, concluded, by observing that he was confident that patronage would stimulate every member and student in the school to elevate the character of the college by their zeal and assiduity.

The Bishop of Oxford then said that he had been desired to follow the noble Earl in the expression of their heart-felt thanks for what His Royal Highness had just performed, though his thanks were expressed on a different ground. The Council were not of that class of persons who thought that philosophy tended to diminish the respect which was due to the Almighty;

but, on the contrary, they considered that he who searched into the wonderful attributes of God's creation was more likely to look up in humiliating fear and devotion to the Almighty.

Prince Albert, upon the conclusion of the Bishop of Oxford's address, said that it had given him great satisfaction and pleasure to lay the foundation stone of so noble an institution. The want of a practical school of chemistry had long been felt in this country, and he trusted that their institution would fully meet this want, and be the means of not only promoting the study of the science, but also materially promoting the progress of art, science, manufactures, and even religion. In conclusion, His Royal Highness assured the members that they would find him ever ready to act with the Council when his services might be required, and to do anything that would promote the interest of the college.

TESTIMONIAL TO MR. WILLIAMS, OF SOUTH BRENT.

On Friday, May 29th, a service of plate, to the value of three hundred guineas, was presented to P. M. Williams, Esq., of South Brent. This handsome testimonial was given by the friends and neighbours of Mr. Williams, as a mark of the esteem and affection in which he is held by them, for his many excellent qualities as an individual, for his long experienced benevolence amongst the poor, and for his unceasing attention, kindness, and superior skill as a surgeon.

The service bears the following inscription:—"Presented to Phillimon Mangell Williams, Esq., in testimony of the regard and affection in which he is held by his neighbours, as well for his unwearied assiduity and skill in his profession, as for his amiable qualities as a friend. 29th May, 1846."

A dinner was given to Mr. Williams on the occasion, at which upwards of one hundred gentlemen were present.

TITLE OF DOCTOR.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I feel grateful for your prompt and sensible reply to my interrogation. I quite agree with you touching the title of Doctor, that "it is *usually* only those who practise as physicians who avail themselves of it." But there are transgressors of this usual and fair conduct; and I wish the Association to decide, whether it will recognize any man who does thus unusually act. The evils of a selfish disregard of the rule are great, since the title is, after all, with practising men, *commercial*; since, undeniably, patients do imagine, falsely very often, doubtless, that "Doctor" implies greater skill than "Mr." The word, at all events, in English ears, means physician; and if the surgeon uses it, commercially, he injures the pure physician, who fixes only one string to his bow. Commercially, he injures the general practitioner, who does not possess, or is too delicate to adopt, the title of Doctor. But the injustice may extend further. The surgeon who uses the title of Doctor, may even be

selected to the position in *public institutions intended solely* for the pure physician.

I trust it will not be deemed outrageous, if the question be mooted at our next general meeting; since the only way to secure the harmony, and therefore permanence of the Association, is to secure their rights to the practitioners of every department.

I remain, Sir,

Yours, truly,

ROBERT HULL.

Norwich, June 26, 1846.

MEDICAL INTELLIGENCE.

The trial of Mr. James Ellis, of the Hydropathic Establishment, near Petersham, charged on the inquisition of the Coroner with the manslaughter of Richard Dresser, by the water-treatment, took place at the Central Criminal Court, on Saturday, June 20th, before Lord Chief Justice Tindal. The Jury returned a verdict of *Not guilty*!

UNIVERSITY OF CAMBRIDGE.—On Friday, June 12th, the degree of Bachelor of Medicine, was conferred on Henry Goode, of Pembroke College, and William Francis Chorley, of Caius College.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, June 18th:—William Henry Freeman, London; John Palmer, Loughborough; Rowland Lloyd, Dolgelly.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Those gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due, either to the Secretary of the District in which they reside, to the Treasurer, or to the Secretary of the Association, on or before the 15th instant.

ROBERT J. N. STREETEN, Secretary.

SOUTHERN BRANCH.

The Annual Meeting of the Southern Branch of the Provincial Medical and Surgical Association will be held at Dorchester, on Wednesday, the 8th instant.

OBITUARY.

Died, June 21st, at Woolwich, aged 56, Mr. James Marsh, the inventor of the apparatus for the detection of arsenic. Mr. Marsh held the situation of practical chemist at the Royal Arsenal, Woolwich, and was assistant to Dr. Faraday, at the Royal Military Academy.

June 27th, at Portwood, Stockport, Thomas Taylor, Esq., Surgeon; a Member of the Provincial Medical and Surgical Association, and much respected for his uprightness of disposition and surgical tact.

Lately, at Paris, aged 92, Dr. Grandison,

RAY SOCIETY.

INSTITUTED 1844.

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THE LAWS OF THE RAY SOCIETY.

I. THAT this Society shall be called "THE RAY SOCIETY;" and that its object shall be the promotion of Natural History, by the printing of original works in Zoology and Botany, of new editions of works of established merit, of rare tracts and MSS., and of translations and reprints of foreign works which are generally inaccessible from the language in which they are written, or from the manner in which they have been published.

N.B.—It will be a direction to the Council that they shall not print anything that appears to them suitable to the transactions of established societies, nor any work which a respectable publisher shall undertake to publish without charge to the author.

II. Every subscriber of one guinea annually to be considered a Member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no Member shall incur any liability beyond the annual subscription.

III. That the annual subscriptions shall be paid in advance, and considered to be due on the 2nd day of February in each year; and that such Members as do not signify their intention to withdraw from the Society before the 2nd day of June, shall be considered to continue Members, and be liable for the year's subscription.

IV. The management of the Society shall be vested in a Council of Twenty-one Members, of whom one-third shall have their stated residences in London, and all of whom shall be eligible for re-election at the annual meeting.

V. That the Council hereafter shall be elected by the Members, at a meeting to be held at the time and place of the meeting of the British Association for the Advancement of Science, and that no Member whose subscription is in arrear be allowed to vote at any meetings.

VI. That the Council shall elect two Secretaries (one of whom shall be resident in London), and a Treasurer, who shall *ex officio* be Members of the Council.

VII. The annual subscription shall be deposited in a chartered bank, in the name of the Treasurer and two Members of the Council.

VIII. The accounts of the receipt and expenditure of the Society shall be examined annually by two Auditors appointed by the Council; the Auditors to be Members of the Society, who are not Members of Council, and their statement circulated among the subscribers.

IX. That the number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual Subscribers who shall have been enrolled, and paid their subscriptions, on or before the 2nd day of June.

X. That the Editors of works published by the Society be entitled to a number of copies, not exceeding twenty, as may be decided by the Council,

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Association will re-assemble, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together; and at twelve o'clock the same day a General Meeting of the Members will again be held, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Bury St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together. Further particulars of the arrangements will be given in future numbers.

Members who are desirous of communicating cases or papers to the Meeting, are requested to intimate their wishes to the Secretary of the Association, on or before the 1st of August.


The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

 Orders and Advertisements are received by DEIGHTON AND CO., Worcester; and in London by

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WEDNESDAY, JULY 1, 1846.

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Edited by JACOB BELL.

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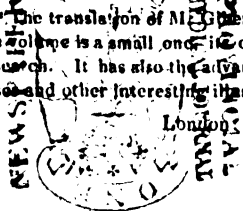
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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

MEMOIR ON THE DIGESTION AND THE ASSIMILATION OF AMYLACEOUS AND SACCHARINE MATTERS.*

By Dr. MIALHE, Professor Agrégé at the Faculty
of Medicine, Paris.

(Translated for the *Provincial Medical and Surgical
Journal*.)

In this memoir I shall continue the exposition of my researches on the digestion and assimilation of amylaceous and saccharine matters, in contact with the alkalies contained in the animal fluids; but before making known the entirely new results which I have obtained, it will be right to recal here some facts already recorded in a memoir before presented to the Académie des Sciences—facts which form the point of departure of all my researches on this Chemico-Physiological subject.

1st. Glucose, dextrose, &c., do not by themselves exercise any action in reducing the deutoxide of copper; these substances only acquire this property after having been chemically influenced by alkalies.

2nd. The assimilation of saccharine and amylaceous matters can only take place under the influence of the alkalies contained in the vital humours.

3rd. And as a consequence of these propositions, diabetes does not consist, as has hitherto been said, in a saccharine transformation within the viscera, but rather in a mal-assimilation of sugar from a deficiency or absence of alkalies.

I have established this theory, not only by chemical experiments, but also by clinical observations, which have shewn its entire correctness, in proof of which I have brought forward the case of a diabetic patient cured according to my method of treatment.

At the commencement of the present work, I would recal to mind, that the essential basis of the alimentation of animals is constituted by three very distinct groups of substances,—albuminous matters, fatty matters, and saccharine matters; that these alimentary substances are not all of them immediately capable of being assimilated, and that in order to become so they must remain for a longer or shorter period in the gastric and intestinal cavities, and there undergo, by the intervention of the fluids contained therein, a kind of liquefaction, or of fermentation,—a chemico-physiological process to which we give the name of digestion.

Notwithstanding the labours of Reaumur, Spallanzani, Leuret and Lassaigne, Tiedemann and Gmelin, Eberle, Deschamps, &c., it is incontestable that the

chemico-physiological study of these three groups of alimentary substances is far from being equally advanced. It is, indeed, generally admitted, that albuminous substances are capable of assimilation only by the assistance of the gastric juice, which by its acid causes these azotized matters to swell up, and by its pepsin, a genuine ferment, produces their liquefaction,—a phenomenon analogous to the action of diastase upon starch, and that fatty matters become capable of assimilation by the intervention of the bile. For the feculent and saccharine matters nothing positive is ascertained; it is with difficulty that some scattered observations—some hypotheses without foundation—are met with, capable of throwing any light upon the question.

It is this blank which I have endeavoured to fill up, and I have had more success in my labours than I could have dared to anticipate; for by the discovery of the active principle of the saliva—a principle perfectly resembling diastase, and like it, capable of being isolated, I am enabled to give the explanation of the phenomena of the transformation of amylaceous cellular substances into saccharine matters.

The transformation of amylaceous substances had already been shown by some authors:—Tiedemann and Gmelin were the first to discover that in a dog, starch, at the end of five hours, was converted into sugar and into starch-gum, dextrose. Leuchs has shown that starch reduced into starch-paste, (*empois*), and heated with fresh saliva, becomes liquid in the space of some hours, and is converted into sugar; and further, that this effect is not produced either by ptyalin, mucus, or albumen, but only by the saliva. Sebastian has confirmed the discovery of Leuchs, and has established that starch digested with saliva loses its property of becoming blue with iodine, in the same manner as when treated by an alkali. In the latter case the blue colour is restored by the addition of an acid, but not in the former. These facts have also been observed by Schwann, who asserts that pepsin does not exert its digestive action upon all aliments, that it acts only upon albumen and fibrin, the caseous matter and the gluten being digested by the free acid of the gastric juice, and the starch by the saliva which mingles with this juice.

Finally, I must not omit to recal here that the action of the saliva on amylaceous substances has been long known, as is shewn by the use which is made of it in China, in the preparation of bread, and in India, in the fabrication of spirituous liquors.

After this brief summary of the actual state of our knowledge, I proceed now to bring forward my new

* From the Gazette Médicale de Paris.

researches, which tend to shew that all the hydro-carbonated substances belonging to the family of amylaceous or cellular matters, can only undergo the phenomena of assimilation in so far as they are capable of being decomposed by the weak alkaline solutions contained in the vital humours, whether immediately, as glucose, dextrine, and sugar of milk, or mediately, as cane-sugar, cellulose, and starch. These latter must in the first place undergo transformation in the animal economy; the cane-sugar into glucose, the cellulose and the starch into dextrine or glucose, whilst the hydro-carbonated matters, which are neither capable of being fermented nor decomposed by weak acids or diluted alkalies, such as cellulose, lignin, and mannite, escape in man the digestive and assimilative actions, or, in other words, the chemical inter-visceral reactions which preside over the entire process of nutrition.

I.—HYDRO-CARBONATED SUBSTANCES IMMEDIATELY DECOMPOSABLE BY THE ALKALIES OF THE BLOOD, OR HYDRO-CARBONATED SUBSTANCES IMMEDIATELY CAPABLE OF ASSIMILATION.

Glucose, grape-sugar, sugar of fruit, sugar of fecula, diabetic sugar.

It has been hitherto supposed that glucose had great affinity for oxygen, and that it was to this property its power of reducing certain metallic oxides, and particularly the deutoxide of copper, was owing; but I have satisfied myself, by a long course of experiments, that this organic principle does not in itself possess any reductive power, and that this power is only communicated to it by certain substances, and especially by free or carbonated alkalies, which have the property of transforming the glucose into ulmin, into kaliglucosic acid, into formic acid, and other products, and that it is especially to this latter acid (the formic acid,) that the reducing action ought to be attributed. The following are the facts on which the foregoing proposition rests:—

1. When a mixed solution of glucose and of sulphate of copper is boiled, there is no reduction of the salt; but if while the mixture is in full ebullition, potass or soda, in proportion more than sufficient to cause a change of the base, to saturate the sulphuric acid, and to form the sulphate of potass or soda, be added, the deutoxide of copper in contact with the glucose modified by the potass or the soda immediately undergoes reduction, and passes to the state of protoxide—a reduction which does not take place when the potass or the soda has not been employed in excess, so as to produce all these reactions.

2. When a solution of glucose in water holding in suspension perfectly pure hydrate of the deutoxide of copper, is heated, this latter is not at all affected by the saccharine solution; but if a few drops of a fixed alkali, whether free or carbonated, be poured into the boiling liquid, there is an immediate decomposition of the deutoxide of copper into protoxide.

3. Let a mixture of water, glucose, and hydrated oxide of copper be divided into two equal parts; if to one of these parts a little free or carbonated potass or soda be added, in the space of some hours there will be complete reduction of the deutoxide of copper by the alkaline glucose, even without heat—a reduction which does not take place by the pure glucose. It

should be added, that the presence of the oxygen of the atmosphere is not in any way concerned in this curious reaction, as I have convinced myself by numerous experiments, the chief only of which are here related.

Exp. 1. Some glucose was boiled in distilled water for a long time, and when I had ascertained that the saccharine solution was as free from air as possible, it was introduced into a stoppered phial previously heated, and immediately stopped, care being taken that no air-bubbles were included. After the cooling was completed, I dropped into the bottle a fragment of caustic potass, and a fragment of deutoxide of copper, both deprived of air by previous fusion, and then shook the phial until the solution of these two bodies was completed; the reduction of the oxide of copper soon took place.

Exp. 2. The preceding experiment was repeated, but instead of adding the potass and the sulphate of copper after the cooling, these two bodies were introduced into the phial whilst the saccharine liquor was boiling; the reduction of the deutoxide of copper was in this case instantaneous, that is it took place immediately the sulphate of copper was dissolved.

Exp. 3. Finally, in another experiment I introduced under an inverted receiver, filled with mercury from which the air had been expelled by boiling, a small quantity of glucose in solution, then some solution of potass freed from air and holding the deutoxide of copper suspended; the reduction of this last was quickly completed, and took place as rapidly as if the experiment had been performed in contact with the air.

These facts establish that, contrary to the opinion of MM. Bouchardat and Sandras, the oxygen of the air has no effect in the decomposition of hydro-carbonated matters under the influence of alkalies.

Sugar of milk and dextrine behave themselves in the presence of alkaline solutions exactly in the same manner as glucose.

As a consequence of these experiments I have been led to lay it down as a principle, that all hydro-carbonated substances, such as sugar of grapes, starch-gum or dextrine, &c., do not undergo assimilation until after they have been transformed by the alkalies of the blood into new products, into kali-saccharic acid, into ulmin, and into formic acid—a body very powerfully endowed, as I have before said, with deoxidizing properties. The following considerations are adduced in support of my opinion:—

1. The passage of glucose into the urine of individuals in whom all the fluids take a neutral or even acid character, (diabetic patients.)

2. The diminution of glucose in the urine of diabetic individuals, and even the complete disappearance of this substance under the influence of alkaline treatment.

3. The want of colour of the urine and fecal matters in the same patients, arising from the non-formation of ulmin, a substance which, in the normal state, tends to give colour to these two excrementitious products.

4. The expulsion in the urine of a yellow ferrocyanide of potassium, when it is the red ferrocyanide which has been taken internally, showing that a reducing action has taken place within the animal economy. This effect is probably due to the products resulting

from the decomposition of glucose by alkalies, and particularly by the formic acid.

5. The formic acid and the other deoxidating bodies produced, according to my views, during the ingestion of amylaceous and saccharine substances, exercise a salutary reducing effect, the genuine counterpart of respiration, or, in other words, of respiratory oxygenation; thus, the absence of these compounds in the blood of diabetic patients, produces a noxious disturbance in their circulation, arising from an oxygenation over and above that of the protein elements which this fluid contains.

6. Finally, formic acid combined with soda has been detected by MM. Bouchardat and Sandras in the blood of man and of animals three hours after they had eaten sugar in considerable quantity.

(To be continued.)

SUGGESTIONS TOWARDS THE ADOPTION OF A PLAN FOR THE ADVANCEMENT OF PRACTICAL MEDICINE AND SURGERY.

By THOMAS HUNT, Esq., Herne Bay.

(Read at the first Anniversary Meeting of the South-Eastern Branch of the Provincial Medical and Surgical Association, held at Ashford, Wednesday, June 24, 1846.)

The first avowed object of our Association is the collection of useful information, tending to the advancement of medical and surgical science. This end we have hitherto been endeavouring to accomplish, chiefly by the publication of original essays, hospital reports, and cases occurring in private practice. Much has been done in this way, but perhaps much more may be accomplished by enlisting the services of *men who do not write*; but like their modest prototypes in the wilderness, are content to—

“Waste their fragrance in the desert air.”

Many of our best provincial surgeons are unfortunately *not* writers, yet, nevertheless, men of observation and reflection; and their experience, however valuable, is liable to be lost to the world at their decease. There is no calculating how many important discoveries have been already buried beneath the clods of the valley. Men, who by their talent, character, and influence, have moulded the opinions and guided the practice of large rural districts, have too often been removed from the sphere of their labours, leaving behind them nothing but traditional recollections—vague and vanishing—of the principles and practice which made them ornaments to their profession and blessings to society. It is with difficulty I can resist the temptation of naming one or two individuals, as illustrations of this remark; but I feel assured that the memories of all who are present, will readily suggest some respected names of men, the memorials of departed worth, known little beyond their respective localities, whose reputation still lingers over the scenes of their former labours; but who have left behind them no other monuments of their greatness. And, doubtless, there are living men (and I know that this room will furnish specimens,) of equal power and attainments, who would at least willingly and promptly respond to direct and definite enquiries on any

question of experience, addressed to them from a respected source, who yet, in the absence of such a motive, may never record their views. Many are too busy, some too diffident, a few perhaps too indolent, while others are deterred by a positive inaptitude to the use of the pen. John Hunter himself, whom but to name is to revere, was *no writer*; and who shall tell how much we have lost by this misfortune?

It has occurred to me, that our weekly periodical might be made the medium of certain definite enquiries, addressed to all our members on any given question, and the statistical results of their replies might be published in our annual volume of “Transactions,” and there collated and compared with whatever practical information on the same subject might be gleaned from the periodicals during the last year or seven years; and thus we might settle some disputed point, or discover some new principle. This would be a beginning, and by degrees, the system might be extended over the whole profession, through the National Association or any other respected medium.

Success in one department would soon encourage the attempt in others, and the time might come, when by this simple arrangement, many of the important practical questions which now agitate and vex the profession, might be quietly and permanently settled. I am aware of the formidable difficulties which must present themselves on the very threshold of such an undertaking; but, if only the majority of my brethren who are now present will consent to put their hands to the work, I do not despair of something important being accomplished.

The details I leave for future discussion. My present object is to sound the feelings of this Branch of the Association, and collect the opinions of the Members of the South-Eastern District, on the practicability of the plan; and I will trespass no longer on your valuable time.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

SECONDARY SYPHILIS.

CASE I.

Patrick Lagay, aged 36, a labourer, admitted May 22nd, with a foul ulceration of the throat; a copious eruption of syphilitic acne and lepra over the back and shoulders; an extensive crop of condylomata over and between the nates, and severe nocturnal pains, of the shins particularly; health affected, but no great loss of flesh. Had indurated chancres four months ago, healed by mercury, and became affected with secondary symptoms by the help of uncleanness a few weeks ago.

To use the warm bath frequently, and to have the lead lotion with laudanum to the nates, with a nitric acid gargle to the throat; to take ten grains each of Dover's powder and rhubarb every night, and drink a pint of the compound decoction of sarsaparilla, with fifteen grains of the iodide of potassium daily; and to have mild diet.

28th. Improving in every respect.

June 6th. Health good again; sleeps well; eruption

disappearing; condylomata smaller and almost without pain or discharge; throat nearly well. To omit the powders and have good diet.

13th. Throat well; eruption almost gone, and condylomata greatly reduced.

22nd. Eruption gone; slight condylomata only. To continue the lotion, baths, and decoction with the iodide.

July 2nd. Dismissed cured.

CASE II.

George Brown, aged 25, a labourer, pale and greatly emaciated, with a gastly hippocratic countenance, admitted June 19th, with a deep and foul ulcer at the back of the pharynx; large patches of syphilitic rupia on the arms, thighs, and different parts of the body, and excruciating nocturnal pains in the superficial bones; is exceedingly weak, and sleeps none. Had simple primary sores eight months ago, for which he took mercury; has lived irregularly, and a few months ago became afflicted with the secondary syphilis, for which he has been again copiously dosed with mercury.

To have a tepid bath and nourishing diet; poultices to ulcers; a nitric acid gargle; ten grains of Dover's powder and rhubarb every night, and the decoction of sarsaparilla with the iodide during the day.

23rd. Greatly easier; sleeps; ulcers cleaning well.

26th. Throat much improved, and ulcers on the body clear of scabs, and pretty good looking; stronger, and sleeps well, being almost free of the pains. To omit the poultices and use the nitric oxide ointment to sores; to have beer.

July 1st. Throat almost healed; some of the ulcers on the body closed, and the others cicatrizing rapidly; no pains, and feels himself greatly stronger.

6th. Throat well; only one small ulcer on the arm; able to walk about; general health improving daily.

12th. Remains a little weak only. Dismissed cured.

CASE III.

Joshua Forster, aged 25, a potman, admitted October 9th, with an extensive syphilitic ulceration of the pharynx, extending rather deep, and having a dirty white appearance, with much inflammatory redness of the surrounding parts; a few occasional pains, and health but slightly affected. Had chancres four years ago, when he took mercury; has been salivated lately for the present affection.

To have a warm bath, a nitric acid gargle, the decoction of sarsaparilla with iodide of potassium, and mild diet.

11th. Throat somewhat easier; bowels confined. To continue, and have a dose of castor oil.

14th. Throat clean, and ulcer quite superficial now; bowels freely open.

18th. Ulceration healing very rapidly; feels stronger, and is quite free of pain. To continue, and have good diet.

25th. Throat well; health perfect. Sent out cured.

CASE IV.

John Hall, aged 30, a joiner, admitted December 4th, with many secondary ill-conditioned ulcers on the face and shoulders, some on the forehead, exposing the skull in a serious condition, and others more or less covered by scabby incrustations of considerable thickness. The

whole of the face and neck is covered by a scabrous eruption, which, matted together by the pus it exudes, totally obscures the features as with a mask of the most disgusting and filthy description; ulceration of throat; no pains; sleeps pretty well; health greatly weakened. Had chancres six months ago that healed under medicines which did not affect the mouth. Has had the present symptoms six weeks, and has not taken much medicine.

To have a warm bath, and nitric acid gargle; also four grains of hydrargyrum cum creta every night, twelve grains of iodide of potassium in the decoction of sarsaparilla daily, and the lead lotion containing laudanum constantly to the affected parts.

8th. Slightly improved; scabs beginning to fall off; unable to sit up from weakness.

12th. Ulcers tolerably clean, and healing rapidly; eruption less concrete, and firmly attached; throat greatly improved.

18th. Doing well; scabs have fallen off some parts of the face, but are succeeded by slighter ones; bowels purged and griped. To omit the hydrargyrum cum creta, but continue the other remedies, and have some castor oil with ten drops of laudanum directly.

26th. Throat well; some of the ulcers healed, the others closing; eruption becoming thinner, and disappearing in some parts; able to go about freely; bowels regular. To continue the medicines and the oil-silk mask.

January 4th. Face clean in some places; only two small cutaneous ulcers remain on the forehead.

14th. Ulcers all healed; only a few thick scabs on the face, which are still firmly attached, and painful to the touch; a little dryness and soreness of the skin. To have a warm bath and continue.

21st. Scabs all separated, and a few thin and almost detached incrustations alone remain on the healthy but slightly infected skin; irritation of skin gone.

25th. Sent out cured, being ordered, however, to persist with the decoction of sarsaparilla for some little time longer.

Remarks.—The above are the severe cases of secondary syphilis admitted during the period they embrace, and as they were all placed under the same course of medicines, the results, which were so highly satisfactory, manifestly exhibit its superiority over that pursued in past times, when patients might be seen mutilated in every manner, and affording numerous dead and living examples of the shocking effects that the indiscriminate use of an active but most useful drug, (mercury,) can produce, when thrown into a person, who from foul ulcerations or a general cachexia, might sometimes almost be termed a mass of corruption. The opportunities for observing syphilis in its most severe forms are always great at a considerable hospital, and it appears that, as with the nocturnal pains and osseous diseases, so also in almost every case of secondary ulceration, the iodide of potassium, whether given with or without the decoction of sarsaparilla, agrees well, and deserves almost unqualified praise; and when aided by like accompanying treatment, such as the exhibition of opiates and nourishing diet, it exerts a surprising tonic and corrective influence over that cachectic condition of the body which so generally prevails, and during which the syphilitic virus appears sometimes to be completely destroyed,

whilst in others only so partially as to make it difficult to distinguish whether it is the poison that prolongs the affection, or merely that state, which, similar to the chronic miasm produced by dissection-wounds, needs only simple restoratives to give nature her accustomed health.

As to the decoction of sarsaparilla, the compound is that which is always administered to the patients of this hospital, and there can be no doubt of its doing good, either by its real virtues, which statistics made here would incline one to believe it possessed largely, or, by the favourable mental impression of its efficacy which universally prevails throughout all classes.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 8, 1846.

The necessity for giving insertion to the important letters on the subject of the Medical Annuity Fund, and on Life-Assurance Certificates, and to the correspondence of Mr. Cautrell with the Poor-Law Authorities, precludes any extended remark this week. We would, however, observe, in reference to the Medical Annuity Fund, that we fear some misconception has prevailed among certain members of the Association, which may have been, in some degree, detrimental both to the Annuity Fund and to the Benevolent Fund of the Association. It should be borne in mind that these admirable institutions, although allied in their objects, are yet sufficiently distinct to obviate all rivalry between them: they are perfectly compatible the one with the other, and so far from being opposed to each other, are rather calculated to be of mutual assistance. The objects of the Annuity Fund have, on various occasions, been well explained by Mr. Daniell, and may, in a few words, be said to be of a provident nature, and the more extensively these are carried out, the more available will the purely Benevolent Fund become for such cases of unlooked-for destitution as come within its scope. The objects of the Benevolent Fund are mainly to supply that temporary or casual assistance which unforeseen or unprovided-for circumstances occasionally render of the greatest benefit, and the Fund thus becomes available, in cases which the Annuity Fund in its present condition neither calculates upon, nor indeed is competent to provide for. With this brief explanatory notice, we beg to commend Mr. Daniell's letter to the attention of the Members of the Association. The approaching meeting at Norwich, will no doubt elicit that information on both these Funds, which seems required to place them on a satisfactory basis, and by clearly defining their several objects, tend to obviate all future risk of clashing of interests in the pursuit of them.

YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Annual Meeting of the Yorkshire Branch of the Provincial Medical and Surgical Association was held at York, on Thursday, June 25th, and was attended by the following members and visitors:—

Mr. J. Allen, Mr. C. Allen, Mr. Allis, Dr. Belcombe, York; Mr. Bainbridge, Harrogate; Dr. Borton, Malton; Dr. Chadwick, Leeds; Mr. Dodsworth, Mr. Dolman, York; Mr. Garlick, Leeds; Dr. Goldie, Mr. R. Hey, York; Mr. Hornby, Pocklington; Mr. Husband, York; Mr. Lambert, Thirsk; Mr. Mennell, Malton; Mr. Ness, Helmsley; Mr. Nunneley, Leeds; Mr. Parry, Harrogate; Mr. Pullan, Hunslet; Mr. Simpson, Dr. Thurnam, York; Dr. Whytehead, Craike; &c. &c.

Dr. Whytehead, the President, took the chair, and introduced in a few pertinent observations his successor, Dr. Belcombe, whose character and attainments he highly eulogised.

Dr. Belcombe then took the chair as President, and delivered an interesting address, of which the following is an outline:—

The President commenced his address by stating that it was in consequence of the wish of the Council that he had prepared one; it was thought advisable that the business of the meeting should be thus opened, and that, therefore, he had not hesitated in complying with such instructions, however unable he felt to perform his task as he could have wished. He alluded cursorily to the present condition of the medical profession, the failure of the late bills, and the obstacles that seem opposed to the settlement of the question; he expressed a hope that the subject would yet be resumed by 'those who concern themselves in the management of public affairs,' that there would be no attempt at sudden legislation, and that there could be little doubt, 'if the task of mending the medical institutions were honestly undertaken and pursued, a real and lasting service would be rendered to the public.'

After some remarks upon the sultriness of the present month, Dr. Belcombe passed on to the medical philosophy of the present day, observing, that as far as he could direct his enquiries, the solidism that Cullen had so ingeniously endeavoured to establish, was giving way, and that the humoral pathology was regaining its ascendant. This he gathered not only from the labours of pathological chemistry, but that both the English and French schools had been more incessant in their enquiries into the composition of fluids, their alteration in disease, and the diagnosis afforded from them. After a rapid sketch of the composition of the human body, the intimate connection which exists between its several parts, the close dependance of one function upon the other, the mutual action and reaction of mind upon the body, &c., &c., Dr. Belcombe declined an implicit allegiance to either school. 'Happily such questions are foreign to the useful practice of medicine, which is truly founded on experience, a knowledge of the temperament of the patient, and the proper time of prescribing proper remedies.' Some allusion was then made to the present improved mode of education in chemistry, to

the important results that appear to be emanating from it, both as regards agriculture, and also the practice of physic, and a tribute of acknowledgment and respect paid to the soundness of Professor Liebig's views. Dr. Belcombe shortly noticed the medical literature of the day, and the value of Dr. Ranking's and Mr. Braithwaite's publications, 'both so much facilitating labour, and placing the great treasures of our modern literature within our easy reach.'

After quoting some observations from Dr. Chalmers, upon the constancy of Nature in all her works, and 'that any seeming irregularity in the universe is due not to her fickleness, but to the ignorance of man,' the address was thus concluded :—

"The more I reflect upon these beautiful observations of Dr. Chalmers, the more I feel disposed to believe that the secrets of Nature are intended to be unfolded by the wise and beneficent Providence who created them, and that they are also intended to advance the human mind in its intelligence and in its aspirations. It is conclusive that truth is good for all, '*Magna est veritas et praevalabit.*' We cannot if we would arrest the march of knowledge, but we may endeavour to move it in the right direction. With us, the chief point is the relief of suffering humanity; let us continue, therefore, to study the laws of disease, and by united endeavours, try as far as in us is possible, to place our art among the exact sciences. Let our meetings be such that we may freely communicate our opinions, and candidly judge one another: hence these anniversaries will always constitute a source of pleasure, and we shall eagerly endeavour to promote the advantages they unquestionably offer. If we respect one another, the world will respect us, and much more good may be made available both for ourselves and others.

"I conclude in the words of one of our best English writers, and germane enough to the reasons that bring us here this day. 'Grateful as I am to the Being whose bounty has imparted to me this reasoning intellect, whatever it is, I hold myself indebted also to him, from whose enlightened understanding another ray of knowledge communicates to mine. But neither should I think the most exalted faculties of the human mind a gift worthy the Divinity, nor any assistance in the improvement of them, a subject of gratitude to my fellow creature, if I were not satisfied, that really to inform the understanding corrects and enlarges the heart.'"

The Secretary then read the—

REPORT OF THE COUNCIL.

"In presenting their usual Annual Report to the Members of the Yorkshire Branch of the Provincial Medical and Surgical Association, your Council experience a difficulty hitherto unknown during their official existence. The most peaceful and prosperous times of communities are not those which furnish the most ample materials for the historian, and your Council find that the quiet year now passed, in which there has, in the medical world, been peace abroad and peace at home, furnishes them with little to comment on.

"The reform of the profession, as proposed by Sir James Graham, and urged on by him until the conflicting claims of divided interests so completely bewildered even his sagacious intellect that he gave

up the bill in despair, was wont to furnish subject matter for observation, but the bill has ceased alike to furnish materials for a report, and to offer a prospect of a satisfactory remodelling of the profession.

"Thus by the withdrawal of the bill, our foreign relations, if we may so speak, are peaceful, for the source of contention has disappeared, and a truce, hollow though it may be, has succeeded to dire and fearful contention.

"Our domestic relations are entirely satisfactory. Our numbers have increased, and promise to increase still more as the advantages to be derived from combined exertions begin to be better understood.

"Our financial concerns may admit of improvement, and a little more attention on the part of our Members to the payment of their subscriptions, which become due on the first of January for each year in advance, would be very satisfactory to your Treasurer and beneficial to the Association.

"Your Council cannot forbear congratulating you on the prospect which now opens of a fair and respectable remuneration to the Poor-Law Medical Officers for their laborious and valuable services. The pittance hitherto allowed has been disgraceful alike to the country and to the profession."

Dr. Chadwick moved, and Mr. Lambert seconded the adoption of the Report, which was carried unanimously.

On the motion of Dr. Goldie, seconded by Mr. R. Hey, Sheffield was appointed the place for holding the Annual Meeting for 1847.

Dr. Favell was unanimously chosen President elect.

Mr. Husband was re-elected Secretary and Treasurer. The Branch Council was re-appointed.

The ordinary business of the Branch having been transacted, and no Member offering any observation on medical polity, the following papers were read :—

On a "Case of False Aneurism of the Arch of the Aorta," by Mr. R. Hey.

On a "Case of slowly developed Disease of the Brain, and its bearing on the Physiology of the Nervous System," by Mr. Nunneley

Other Members had promised communications, but were prevented from attending the Meeting.

A vote of thanks was passed to Mr. Hey and Mr. Nunneley, for their very interesting communications.

A vote of thanks was then passed to the retiring President, (Dr. Whytehead,) and to the President, (Dr. Belcombe,) for the able manner in which he had presided over the Meeting.

The members afterwards dined together.

GENERAL MEDICAL ANNUITY FUND.

TO THE MEMBERS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

GENTLEMEN,—

The near approach of the Annual Meeting of the Provincial Medical and Surgical Association impels me to again address you on the subject of the "General Medical Annuity Fund." I do so, however, with diffidence, and in some measure unwillingly, as I did not design intruding myself again upon the pages of this Journal until after the Annual Meeting at Norwich. Then, indeed, it will be due to you, that a detail of our

proceedings during the past year, the amount of subscriptions, the names of subscribers, with a statement of necessary expences, should be laid before you, hoping, and believing, that when our report is published, you will feel the value of the institution we have been aiming to establish, and thus feeling, you will aid and help us in the object we have in view. However, one or two letters from influential members of the Association, who are warmly interested in our proceedings, have urged upon me the necessity of "stirring up our brethren in the cause," lest a long calm should enable them to settle on their lees, or that they might grow apathetic for the want of being reminded.

Would I had more efficient powers to accomplish so great an end, or eloquence enough to interest your hearts and feelings in the cause. I lack not the desire, although Heaven may have withheld the means. I quote the above passage from the letter of an esteemed correspondent, but not without emotions too deep for utterance. Is it really necessary to "stir up" the energies of a vast and influential body like yours in a cause so holy and exemplary as the one we advocate? Can it be that indifference to the wants and necessities of our body is the besetting sin of the profession? Will they suffer themselves to be eclipsed in philanthropy and affection one towards another, by the humble mechanic, the uneducated artisan, by the tradesman or the merchant? Why, at this moment, the jockeys of Ascot and Newmarket are raising a fund for the support of widows and orphans of their fraternity. That apathy has long existed and does exist amongst us, is apparent, not only in the matter of our establishment, but in every charitable institution connected with the medical profession. Let me refer you to the report of the "Benevolent Medical Fund Society" of Ireland, established by Dr. Kingsley. They, like us, are not without a bright side to the picture,—prominent and beautiful lights, which come in sweet relief to the Rembrandt gloom with which the canvas is filled up.

Let it not be said, that an enlightened body of men like those who constitute the medical profession, having no lack of charity for extraneous appeals, do nevertheless shut their hearts to the wants of their own brethren, to the claims of their own household, to the demands of the helpless, to the cry of the orphan, to the melancholy and dejected aspect of the widowed mother, seeking for bread but finding a stone; and lastly, to the disabled and worn out veteran, who, toiling through evil report and good report, comes at last to be a shattered hulk,—his physical and mental powers scattered and blasted, and the common wants of nature doled out and weighed to him by the grudging hand of some parish functionary. That such things have been—I know!

It is true that in certain *counties* establishments are formed and well supported by noble-minded individuals, from whence help is furnished and comfort afforded to such distressing cases as I have presented; but these blessings are partial, and compared with the length and breadth of the land, resemble an "oasis in a wilderness,"—or rather they are like little stars, twinkling, and diffusing light over a limited territory. We, with more boldness—with greater daring—would create a sun which should pour its fructifying rays over every corner of these kingdoms, that not a nook

might escape the refreshing influence of its beams, or, in other words, a "General Medical Annuity Fund" would be as easily conducted, as efficiently supported, as wisely appropriated, and as well regulated, as one confined to a small space, and truly would its effects correspond with the metaphor, for no part need to escape illumination, unless indeed men choose to cast their own clouds before it.

Whatever measure of zeal, ability, or enthusiasm, may be possessed by an individual, or number of individuals, in advocating a cause, unless there be a correspondent spirit on the part of the addressed, all efforts are useless. It is in vain to sound the tocsin to ears intentionally deaf, or to pour light upon eyes resolutely closed, or to touch the hearts of men who case them in adamant. It is no new thing to harden the heart against truth, and it is astonishing with what complacency some men can reason against measures which they have previously resolved not to support. I have had many painful examples of this kind during my efforts in supporting this fund; not indeed by personal encounters, but by endeavours less manly,—less noble. I know well that such a measure as I have proposed needed the weight and influence of persons possessing a higher rank in the profession than myself; but surely it is of small moment who plants the first blade of grass, so that it is subsequently well watered and comes to maturity. In my case, I profess to be but an humble instrument; those who are united with me in the object are not deficient in that rank and importance which give the dignity required; under their wings I am content to be sheltered, and am ready at any moment to yield to others more competent than I am, the small measure of notoriety I may have obtained. My aim is the good of the profession, and I care not by whom that good be accomplished; but I would fain remove from our body the charge of coldness and indifference to real wants, and urge to noble and generous flights, which give a charm and beauty to humanity.

Is there a need for this establishment? Have we still instances of destitution and misery amongst us? Are the hand and the heart open to every appeal which a distressed brother or bereaved widow may make? Alas, I apprehend, a reply is unnecessary. Even at this moment I can point out examples, which come with fearful force upon me, and where the blessing of such an institution as I have proposed would fall as dew-drops on the arid mountain, or as gentle rain upon the parched desert, or as the spirit of peace upon the desolate and forlorn. A few years ago I was called to the death-bed of one of my earliest friends, the dew of expiring nature was upon his forehead, the glazed eye and the fluttering pulse bespoke his speedy dissolution; but a short period before he was in the possession of health and vigour, and there was the prospect of lengthened days before him. He died, leaving a widow and large family wholly without provision. It is true his practice was respectable, and had he been prudent he could have secured for them at least a small income; but he was not prudent, and they were left destitute. There was no society to lend a helping hand, no friends to interpose or devise projects for a genteel maintenance for these unhappy victims of imprudence; the children were dispersed, the widow became bar-woman of an inn, and ultimately

found an asylum in a workhouse! Probably the rigid may say—Why was he thus thoughtless? Is there any charity in helping those who will not help themselves? True. But I have presented this example as a specimen of a class—a class which I fear abounds in the profession, who live up to every farthing of their income, and who urge, as an excuse for their folly, the necessity of keeping up appearances, and supporting the *dignity* of their profession.

Let us be tender in our censures: however we may condemn this folly, nay, I would say this gross wickedness, who, with the least spark of common sympathy, can turn with a dry eye from the miserable objects of this neglect? Who can look upon the melancholy aspect of widowhood and orphanage and not feel his heart yearn towards them? But destitution in our profession is not always found to be the result of extravagance, or to arise from the want of prudence or forethought. There are examples of men who possess stirring ability, with ample energy and zeal, for the accumulation of wealth, but their bounds are narrowed, and their opportunities small. Pressed perhaps by large families, who absorb their earnings in necessary wants,—in food, in raiment, and education, the close of each year finds them no better off; nay, it may be that their expenditure exceeds their income, and thus, like the limed bird, in struggling to be free they are more engaged, till, by the accumulation of debts, they are driven from their post—

“To seek a shelter in a humbler shed.”

Nor need we wonder at such results, when we look at the spirit of depreciation which is abroad. The medical profession has long been victimized by degrading measures, and attempts are daily made to sink it lower and lower. Can anything be more revolting to a sensitive mind than to tender for parochial medical services, “cheek by jowl,” with butchers, bakers, slop-sellers, and cheesemongers? while services are unblushingly demanded, not only without remuneration, but without even the courtesy of a “thank ye.” For instance, a pauper, afflicted with hernia, is sent to the medical officer, who is expected to go through the disgusting office of fitting on a truss, but he is only permitted to charge the money it has cost him, with the expense of carriage!—not a farthing for his own disagreeable duty, and the unpleasantness of having his consulting room charged with effluvia, and oftentimes with unwelcome importations. But for the undue length to which it would subject my appeal, I could unfold many painful facts connected with this kind of practice, (a practice in which country medical men cannot but be engaged,) enough to make the hair stand on end, and fill the spirit with indignation; suffice it to say, that it is impossible, under the present system of pauper-remuneration, for any medical man who does his duty to be otherwise than a loser by the contract, unless there should be spots on this broad land of England where the profession is estimated as it ought to be.

Quackery is another evil deeply felt by the profession, and will be while public men remain its great supporters. It is rank folly to charge the poor with the onus of alone aiding and abetting charlatanism,—they do but little towards it. It is true they kill a few children by dosing them with Godfrey’s Cordial, red mixture, and Dalby’s Carminative; but the great and

the noble of the land support homœopathy, hydropathy, and the *butter-cup mania*! thereby seriously injuring themselves, paralyzing the progress of true science, and robbing the practitioner of his fair expectancy.

But I must shorten these remarks: from these and many other causes arise poverty and distress among us, while the lives of medical men are averaged at a lower standard than any other class of professionals—a truth proved by statistical returns, and a truth which should speak stronger to your hearts than any rhetoric which I may employ. To such whose lot is cast in pleasant places, and who are now reaping the harvest due to their talent and industry,—to such, I say,—Stay for a moment in your career of prosperity, we ask you to contribute a small sum to help those who have been less fortunate, who may perhaps possess powers equal to your own had fortune given them the like opportunity of exercising them. For the *honour* of your profession let it not be charged with apathy; for the *good* of your profession, help us to build an asylum for the widow and the fatherless, and for your aged and infirm brother. In God’s name turn not aside, lest the fountain of your riches gush with gall and bitterness. And you who are still struggling with the tide, or clambering the fickle wave of popularity, trusting hereafter to reach the rock of safety and the haven of repose, pause to help us, for we would erect for you a house of refuge in case your efforts are vain, or a home for your widow and children, should the gulf which yawns fearfully below, prematurely draw you within its relentless vortex.

The past year has been one of incessant labour in this great cause. I have written to many leading men in the profession, and to their honour be it spoken, have received unequivocal tokens of support; but some who rank high, and are much thought of both by the world and by their brethren, have not deigned me a reply. On such conduct I make no comment: they have acquired lessons of courtesy in a different school from mine. I am willing they should act upon their precepts, so long as I am not bound to pursue the same course.

I am, Gentlemen,

Your faithful servant,

EDWARD DANIEL.

Newport Pagnell, June 30, 1846.

ON CERTIFICATES FOR LIFE ASSURANCE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR

Permit me to occupy your pages with a few observations upon the subject of Life Assurance Certificates. The question of the remuneration of the medical man for his certificate, at the first blush, appears so extremely simple, that it requires almost an apology for now again bringing it before your readers. But simple as the matter may really be, it has been sadly perplexed by most of those who have argued upon it, and certainly, we seem as yet, to have made but little progress towards its equitable settlement.

When a person is desirous of insuring his life, the office requires of him a certificate of his past state of health, and it may appear hard to some that he

should be expected to pay for the mere testimony of the medical man who has attended him, and some have not hesitated to condemn in strong terms the spirit which requires a payment for this simple service. Let us, however, look at the matter in its true bearings, and I think I shall be able to show that the demand for remuneration, in this case, is both just and reasonable, and moreover, that all its practical difficulty may be readily removed.

In the business of life insurance, there are two parties beneficially interested in the completion of the transaction. The candidate for insurance and the office are equally partakers of the benefit,* and are therefore equally interested, under similar restrictions, in completing the negotiation.

The candidate does not offer himself for acceptance, until by diligent enquiry and investigation he has ascertained the fitness, the character, and the solvency of the office which he is about to constitute his banker for a certain indefinite period. These enquiries, it is true, are not of a complicated character, and out of the list presented to him, he soon selects one, but the matter is not of the less moment to him, because the evidence is easily obtained; on the contrary, it is absolutely essential to his placing the confidence in the office which he desires to repose somewhere. The insurance company, on the other hand, are exceedingly desirous to receive the confidence and the deposits of their clients, just as a banker looks with satisfaction upon the stream of depositors thronging into his counting house. They both live and thrive by their clients, and by their clients only. The insurance office has however a restriction, as I said, upon its acceptance of its client, very different from that which a banker requires, but very similar to that required by the candidate for insurance himself, in his choice of an office. The company must be certified as to the state of health of the party to be insured, the probable duration of his life and period of his deposits, and this point once ascertained, the bargain with a mutually beneficial interest is at once concluded.

Let us, now, first view the position of the candidate with regard to his medical adviser. He is anxious to conclude a bargain from which either himself or his posterity will certainly derive great advantage. To the completion of this bargain, the certificate and opinion of a third party, in no way interested in the bargain, is requisite. The duty which this third and uninterested party is called upon to perform, is one involving both trouble and responsibility. He is liable to consequences of a most painful kind, if through inadvertence or neglect, he should not be most strictly correct in his statements. His principles are tested by the very probable contingency of affronting and losing his patient if he faithfully certifies that which will militate against his interests. He knows by the experience of recent days, that the "strictly confidential" of the offices is not at all inconsistent, in their estimation, with making the candidate fully aware that his medical

friend's answers not being satisfactory is the reason for their rejecting his application, as indeed he would naturally conclude even without their help. He knows, moreover, that "strictly confidential," will not even prevent his correspondence being used as public evidence in a court of justice. He still further knows, that for any apparent negligence or incorrectness in his testimony, he is liable to all the consequences of legal penalties.

What ground, therefore, is there for the charge of illiberality, which has been brought against the medical man, if for the performance of an important and responsible duty, he demands the remuneration which, in every other profession, would, as a matter of course, be without hesitation required. I fully believe, and as a member of the profession I feel proud of the fact, that no profession renders a greater amount of gratuitous services, than does ours. We are always among the first to render aid where charitable aid is needed. But there can be no possible reason for involving ourselves in serious risk and responsibility without fee or reward, for a person whose position in society and whose specific object in his application fully justify the assertion that it is no hardship upon him to pay. There is indeed, to my mind, a sort of Quixotism in thus going out of the way to be liberal, when it is neither needed nor asked, which is far removed from the true spirit of generosity.

The next question to be decided is, by whom should the medical referee be paid? Grant that the labourer is worthy of his hire in this case, that it is neither fair nor just to ask the medical man to undertake responsibility without remuneration, to whom should he apply for his fee? My answer to this question is decided,—that the applicant should certainly pay the fee, but that the office should be the medium through which it should be paid.

That the offices cannot in fairness be expected to pay the fee themselves is obvious. They have their own referee to pay, and it is but fair that the expenses attendant upon a contract, in which each party is mutually and equally interested, should be equally divided between the contracting parties. This is the fair view I think to take of it; not to assert that the offices have nothing to do with, and no interest in, any other referee than their own. The fact is, that the office is quite as much interested in the answers of the one, as of the other. But the candidate cannot in fairness complain of being called upon to pay his share in the expenses; neither would he, if the application for payment was made from the proper quarter. The medical man I contend, at least in the position in which he is at present placed, cannot, and ought not, to be expected to ask for the remuneration which his services deserve, but the very obvious and easy remedy for all the difficulty presents itself—namely, that the office should be the medium through which the payment should be made.

Whenever an application is made for insurance, let the Secretary be directed to require the deposit of one guinea as the fee for the candidate's referee, without which fee no letter of enquiries should ever be sent from an office, and without the receipt of which fee, (if my professional brethren think with me,) no answers to insurance queries should ever be given. I think the plan I now propose is both simple and reasonable.

* I am aware that there are various modes of insurance, and that the person insured is not always the party beneficially interested, as when one person insures the life of another. But all that I require for my present argument is to show that there are always two principal parties equally interested in the contract, and I merely take the more simple, and perhaps the more usual, mode of insuring a life as the type of the whole system.

The offices have nothing to complain of; we do not require them to pay; it is not fair that they should; but it is not asking any great return from them for the advantage which they derive from our opinion, to expect that their Secretary shall be the medium of payment, and thus deliver us from a position, which a most unfair and needless custom has rendered invidious.

In conclusion, I beg to remind my professional brethren, that to carry out the principle of this proposal, the rule must be made as nearly as possible absolute and universal; we must not have one rule for our own patients and another for the patients of another man. Whoever requires to have his life insured, and to that end wishes our opinion, must send the fee through the offices, and without such fee no answer will be given to the queries. If we have any particular interest in an individual applicant, which makes us desirous to assist him, we may return the fee to him, but justice in the matter will never be fairly dealt to our profession, unless the principle be always insisted upon in our communications with the offices,—that to procure our opinion on so important and responsible a matter as life insurance, their letter of enquiries must be always accompanied by a fee.

If the views which I have now detailed should meet the approval of the profession generally, I would suggest that they should meet together in their several localities; and having adopted resolutions in consonance with them, communicate their views and wishes to the insurance offices, at the same time explaining to them that it is not by any means our wish to impose upon them the payment of more than is fair and right; that we only desire them to become the medium of payment, by requiring the deposit of a fee upon every application for a policy; but that the only way open to us to obtain that justice which has been hitherto withheld from us, is by adopting the very decided step of withholding the information required until the proper remuneration is forthcoming.

I am, Sir,

Your obedient servant,

A. T. S. DODD,

Late Senior Surgeon to the Chichester Infirmary.
Ryde, Isle of Wight, June 26, 1846.

POOR-LAW APPOINTMENTS: SALARIES TO THE MEDICAL OFFICERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the *Times* of June 18th, is a letter signed a "Country Union Surgeon," referring to a letter signed "A," in the *Times* of June 10th, remarking on "the paltry salaries offered for two districts in the Bicester Union, and stating as a general rule, the salary in the country for districts containing 1,200 inhabitants, and the distancing averaging six miles, is from £20 to £25 per annum."

Now, the enclosed statement and correspondence, which you are at liberty to use in any way you may think proper, shews that in some cases only a quarter of the above paltry sum is allowed.

It is asked by the guardians, and may be asked by the

public,—why did I take the office? The reply is, that I have been twenty years in practice in this district, and have spent more than £1000 of my private property in building a house, &c., to suit my practice, and if I had not taken it another might, which would have interfered so much with my private practice, as to make it necessary for me to look out for another location, not by any means a pleasant thing under the above circumstances.

I think as government propose to pay one half the salaries of medical officers, before doing so they ought to get returns from every medical district in England, giving the population, acreage, and salary of each, and have them placed on a fair and equal footing. I know of no better way of doing this than that of appointing a Medical Commissioner, who has been accustomed to country as well as town practice, and let him fix the salaries, arrange forms of returns, &c. There are in England and Wales about seven hundred Unions, which, allowing four medical districts to each, will make the number of medical men connected with the Poor Law 2,800. Now, you will render an essential service to them, and I think to the public also, if you will take the subject up in your influential paper.

I am, Sir,

Your most obedient servant,

W. CAUTRELL,

Wirksworth, June 25, 1846.

Surgeon.

Ashbourne, April 4th, 1846.

Dear Sir,—I have to apologise to you for not informing you officially of your appointment to the District of Brassington, at a salary of £30 per annum, and as Medical Officer to the Workhouse at a salary of £25 per annum.

I am, dear Sir,

Yours truly,

Mr. Cautrell.

RICHARD HOLLAND.

To Mr. Holland, Clerk to the Guardians.

Wirksworth, April 10, 1846.

Dear Sir,—I beg to inform you that I accept the appointment as Medical Officer to the Brassington District and Workhouse; but shall take an early opportunity of shewing the great amount of duty required in my District, and the House at Brassington, when I hope the Guardians will re-consider the salary.

I am, Sir,

Your obedient servant,

W. CAUTRELL.

To the Guardians of the Ashbourne Union.

Wirksworth, April 24th, 1846.

Gentlemen,—I beg respectfully to call your attention to the accompanying statement, showing the amount of duty in my district, and feel confident that when you have taken it into your consideration, you will reconsider the salary you have fixed for it, as also for the house. You will observe that I have had in less than a year 132 cases, which, at the lowest computation of the Poor-Law Commissioners, (see General Orders, page 99, published 1842,) viz., six shillings per case, would give £39. 12s.; you will also find that I have only had

to attend Bonsall and Ible nine months, which, taking the average cases for that period, would make eighteen cases more, adding £5. 8s.; making the lowest salary, according to the Commissioners, £45 per annum. I am quite sure that this sum would be but a very moderate remuneration, and less than ought to be for the many and important duties required; for the medical officer has not only to attend to the diseases of the sick, but also to detect imposition, and on him greatly depends the amount of money, &c., given for the relief of the poor.

I know an opinion prevails amongst the Guardians, that the extra cases make up for the lowness of the fixed salary, but you will find I have had only one case during the year,—that of Millicent Kinder, of Canlow, who had dislocation of the shoulder.

As to the workhouse, I have had to go over in one year 158 times, making 632 miles, which gives about 7½d. per mile, giving all the medicine, examination of paupers, reports of the house, &c., in. The average number of sick has not been less than twelve: there have been ten deaths, and great numbers have come in with itch, venereal disease, ulcerated legs, and other diseases that have required a great many expensive medicines.

I am, gentlemen, your obedient servant,
W. CAUTRELL.

Ashbourne, April 28, 1846.

Dear Sir,—I am directed by the Board of Guardians to inform you, that having received the confirmation of their alteration in the Medical and Relieving Officers' salaries and districts, from the Poor-Law Commissioners, they cannot enter into any reconsideration of any of the salaries this year.

I am, Sir, your obedient servant,
Mr. Cautrell. RICHARD HOLLAND, Clerk.

To the Poor Law Commissioners of England and Wales.

Wirksworth, May 22, 1846.

Gentlemen,—I take the liberty of forwarding you copies of letters that have passed between the Guardians and Clerk of the Ashbourne Union and myself, and as I observe in a minute of the Commissioners, (dated 31st October, 1840,) that you have a power of fixing salaries, and have exercised it in certain cases, I hope you will consider mine one for your interference; at all events I consider it one to which I ought, in justice to myself and profession, to call attention.

I may observe, that though I am the nearest qualified medical man, I have to take a horse to visit every patient, and that the country is very mountainous, and the people miserably poor. I should have sent this communication sooner, but for having mislaid some advertisements for medical officers in which the sum offered was more than double to mine, taking into consideration the population and area of acres. I may observe that the salary of the medical officer of the Bakewell Union House is £45 per annum, the trouble and expense of attending which cannot be any thing like so great as mine, he living within a few hundred yards, and the Ashbourne Union House being four miles from my place of abode.

I am, Gentlemen, your obedient servant,
W. CAUTRELL.

Poor-Law Commissioners Office,
Somerset House,

May 29, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 22nd instant, in which you call the Commissioners' attention to the amount of salary which is allotted to you as a medical officer of the Ashbourne Union, and request their interference with a view to its being increased.

In reply to your letter I am instructed by the Commissioners to state, that as a new Workhouse is intended to be erected for the Ashbourne Union, and as the present arrangement for medical attendance is therefore of a temporary nature, and has been sanctioned by the Commissioners for the present year, they are not at present prepared to disturb it.

I am, Sir,
Your most obedient servant.

BRASSINGTON DISTRICT, ASHBOURNE UNION.

From March 25th, 1845, to March, 21st, 1846.

Mr. Cautrell Medical Officer. Salary £25, now £30.

Towns.	Popul.	Area of Acres.	No. of Cases.	No. of Visits.	Distance.
Middleton	—	—	24	150	1½ miles
Canlow	—	—	3	11	1½ "
Ireton Kirk	714	—	25	92	3 "
Carsington	235	—	9	47	2 "
Brassington	776	—	19	100	4 "
Hognaston	272	—	3	22	4½ "
Bradbourne	298	—	2	5	5 "
Hopton	—	—	1	2	1½ "
Bonsall, and Ible for 9 mths	1496	—	55	258	4 "
	—	—	0	0	5 "
Total .	4847	15,146	132	687	

Salary for the House £20, increased March 25th, 1846, to £25. The Union House at Brassington is distant four miles; number of paupers admitted from March 25th, 1845, to March 21st, 1846, 216. Number of visits 158. Average weekly cases at least 12. Deaths during the year, 10.

TITLE OF DOCTOR.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have been somewhat amused by two short notes by Dr. Robert Hull, of Norwich, in recent numbers of your Journal.

The worthy Doctor appears to be greatly disturbed at the assumption of the title of "Doctor" by any one besides the *pure* physician. It would seem to be an everlasting source of disquietude to him, for I recollect having read in the *Medical Gazette* some years ago, a series of very oddly-expressed lamentations on the same subject, which were ably replied to by Dr. Ayres.

You justly observe, in answer to Dr. Hull's first

note, that "Every one who holds the degree of Doctor from a University, has a right to the title;" but that "as far as medical degrees are concerned, it is usually only those who practise as physicians who avail themselves of it," is far from the fact, and evidently does not accord with the experience of Dr. Hull, or he would not have troubled you and your readers with his complainings.

I have not the pleasure of knowing the learned Doctor, but from his writings have arrived at the conclusion that he is one of the remaining few of a straight-laced genus of pure physicians, now well-nigh extinct. Probably he wears ruffles, and gently compresses the radial artery in white kid gloves, holding in utter abhorrence any act more manual than pocketing his golden fees.

Fixing, as he confesses, "only one string to his bow," he loudly exclaims against any one for fixing two; and one would imagine that some practitioner or other in his locality rather largely interferes with him by actually fixing two strings to his bow—a medical and a surgical, (we will say nothing of an obstetric string,) the former of which, perhaps, binds to himself a greater number of purely *medical* cases than is in accordance with the lofty ideas of a real *pure*.

All nonsense aside, and the Doctor really appears to have his own misgivings upon the subject, for he trusts it will not be deemed "*outrageous*," I should hope that no one will act so outrageously as to moot the question at our next general meeting.

I for one should be very loath to travel some eighty or hundred miles to find the valuable time of the meeting occupied with useless twaddle of this kind, and far from thinking that the discussion would in any way "secure the harmony" of the Association, firmly believe that it would lead to the secession from it of many valuable members.

Trusting that you will insert in your next number this hastily-written letter,

I am, Sir, your obedient servant,

T. HERBERT BARKER.

Bedford, July 1, 1846.

[We have received other letters on the same subject, but have selected Dr. Barker's for insertion, as he allows his name to appear.—Ed.]

MEDICAL INTELLIGENCE.

M. Malgaigne has been elected a member of the Académie de Médecine, Paris, in the Section of Operative Surgery. The unsuccessful candidates were MM. Robert, Vidal de Cassis, and Manec.

PATHOLOGICAL SOCIETY OF LONDON.—A new society under this name is about to be established; it has long been a subject of surprise that members of the profession, numbering among themselves some of the most distinguished pathologists of Europe, and in the first city in the world, should have been so far behind-hand in establishing a society for the encouragement of the study of morbid anatomy and pathology, considering the success which has attended the proceedings of the Société Anatomique de Paris, the Pathological Society of Dublin, and the societies more recently established in our large provincial towns. —*Medical Times*.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, June 26, 1846:—J. Hunt; W. R. Bridges; T. B. Purchas; W. S. Saunders; H. Stewart; J. Clarke; P. Cummins; R. Sandford; S. C. Griffith; W. Cock; A. Reith.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Monday, June 25th:—Walter Yates, Nottingham; James Gregory, Sheffield; Charles Tipple.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Those gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due, either to the Secretary of the District in which they reside, to the Treasurer, or to the Secretary of the Association, on or before the 15th instant.

ROBERT J. N. STREETEN, Secretary.

SOUTH-WESTERN BRANCH.

The annual meeting of the South-Western Branch of the Provincial Medical and Surgical Association will be held at Exeter, on Thursday, the 16th of July. The members will meet in the morning at the Athenæum, at two o'clock p.m., and dine together at five o'clock p.m., at the New London Inn.

OBITUARY.

Died, June 26th, at Torquay, aged 77, Honoratus Legh Thomas, Esq., for many years a member of the Council and of the Court of Examiners of the Royal College of Surgeons. Mr. Thomas was on more than one occasion President of the College.

June 28th, at Paignton, Devon, aged 67, James Domville, Esq., M.D., Deputy Medical Inspector of Naval Hospitals and Fleets.

BOOKS RECEIVED.

A Practical Manual, containing a Description of the General, Chemical, and Microscopical Characters of the Blood, and Secretions of the Human Body, &c. By John William Griffith, M.D., F.L.S., Licentiate of the Royal College of Physicians, &c., &c. London: R. and J. Taylor. 1846. Part II. p.p. 168. Plates.

Instruction in Chemical Analysis. (Quantitative.) By Dr. C. Remigius Fresenius, Professor of Chemistry and Natural Philosophy, Wiesbaden, &c. Edited by J. Lloyd Bullock, Member of the Chemical Society, &c. London: Churchill. 1846. 8vo. pp. 626.

The Half-Yearly Abstract of the Medical Sciences, &c. Edited by W. H. Ranking, M.D., Cantab., Physician to the Suffolk General Hospital. Vol. III. January—June, 1846. London: Churchill. 1846. pp. 409.

RAY SOCIETY.

INSTITUTED 1844.

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THE LAWS OF THE RAY SOCIETY.

I. THAT this Society shall be called "THE RAY SOCIETY;" and that its object shall be the promotion of Natural History, by the printing of original works in Zoology and Botany, of new editions of works of established merit, of rare tracts and MSS., and of translations and reprints of foreign works which are generally inaccessible from the language in which they are written, or from the manner in which they have been published.

N.B.—It will be a direction to the Council that they shall not print anything that appears to them suitable to the transactions of established societies, nor any work which a respectable publisher shall undertake to publish without charge to the author.

II. Every subscriber of one guinea annually to be considered a Member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no Member shall incur any liability beyond the annual subscription.

III. That the annual subscriptions shall be paid in advance, and considered to be due on the 2nd day of February in each year; and that such Members as do not signify their intention to withdraw from the Society before the 2nd day of June, shall be considered to continue Members, and be liable for the year's subscription.

IV. The management of the Society shall be vested in a Council of Twenty-one Members, of whom one-third shall have their stated residences in London, and all of whom shall be eligible for re-election at the annual meeting.

V. That the Council hereafter shall be elected by the Members, at a meeting to be held at the time and place of the meeting of the British Association for the Advancement of Science, and that no Member whose subscription is in arrear be allowed to vote at any meeting.

VI. That the Council shall elect two Secretaries (one of whom shall be resident in London), and a Treasurer, who shall *ex officio* be Members of the Council.

VII. The annual subscription shall be deposited in a chartered bank, in the name of the Treasurer and two Members of the Council.

VIII. The accounts of the receipt and expenditure of the Society shall be examined annually by two Auditors appointed by the Council; the Auditors to be Members of the Society, who are not Members of Council, and their statement circulated among the subscribers.

IX. That the number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual Subscribers who shall have been enrolled, and paid their subscriptions, on or before the 2nd day of June.

X. That the Editors of works published by the Society be entitled to a number of copies, not exceeding twenty, as may be decided by the Council.

ADVERTISEMENTS.

Registered, 1846.

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PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Association will re-assemble, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together; and at twelve o'clock the same day a General Meeting of the Members will again be held, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Bury St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together. Further particulars of the arrangements will be given in future numbers.

Members who are desirous of communicating cases or papers to the Meeting, are requested to intimate their wishes to the Secretary of the Association, on or before the 1st of August.


The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

 Orders and Advertisements are received by DEIGHTON AND CO., Worcester; and in London by

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WEDNESDAY, JULY 8, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY

ROBERT J. N. STREETEN, M.D.

1846.
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WEDNESDAY, JULY 15, 1846.

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TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

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THE PRINCIPAL OBJECTS
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4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Woodcuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ABSTRACT OF A PAPER ON DELIRIUM TREMENS.

By THOMAS HITCHINGS, Esq., Tunbridge.

(Read at the Annual Meeting of the South-Eastern Branch of the Provincial Medical and Surgical Association, held at Ashford, Wednesday, June 24th, 1846.)

From circumstances it happens that cases of delirium tremens frequently occur in my practice, in different ranks of society, and at various periods of life. The cases to which I wish to refer on the present occasion are strongly marked with the usual features of the disease, the characteristics and genius of which all present are well acquainted with, but to which are superadded other phenomena, somewhat unusual so far as my reading and observation have gone, and on which account I wish to bring them before the present meeting, establishing, as I think they do, correct principles of symptomatology and pathology with reference to this disease, and illustrating certain laws in physiology which only within these few years have been brought to light.

The phenomena in question are extreme dysphagia, suffocative dyspnoea, and irregularity in the action of the heart, vomiting, extreme pain at the umbilicus, and violent convulsions of the muscles of the hips and lower extremities, such as the efforts of several strong men could scarcely restrain. These symptoms I conceive were superadded to, not interwoven with, the disease itself, though doubtless modified or influenced, and perhaps facilitated by its presence.

I propose, in the first place, making a few observations upon the disease itself and its treatment, as adopted by me with gratifying success; secondly, making a very brief analysis of the peculiarities presented in these cases, taking a cursory glance at each symptom, and attempting an explanation of them upon the principles of the excito-motory function of the nervous system, with which the masterly researches and unexceptionable experiments of Dr. Marshall Hall has familiarized all of us.

Delirium tremens may be defined to be an excitement of the nervous system, with exhaustion or from exhaustion, the necessary effect of a continued irritant; be that the abuse of alcohol, be it mental excitement, or long deprivation of sleep, which may be both cause and consequent. There is generally a state of inanition in consequence of a defective appetite. The real *mania e poculo vel potu* may be influenced by the chemical effect of the alcohol upon the brain, the nerves and blood, absorbed, as it seems to be, unchanged according

to the observations of Sir A. Carlisle and others. There are differences too, possibly, in the disease itself, depending for the most part upon the habits of the patient. There may be the sthenic and the asthenic form of it, as recognized by Dr. Corrigan. There may be simple nervous excitement, or there may be complications of inflammation, whether of brain or stomach, with this. A consideration of all this would take up too much time here. The want of power to sleep is an analogous condition to a person who is over fatigued, or who is too tired to sleep, the cause of the excito-motory exhaustion being alone different. In this case the medulla oblongata necessarily calls in the aid of volition to assist in carrying on the respiratory function, for its excito-motory or purely involuntary power is exhausted; hence restlessness, frequent startings, feelings of oppression, supplementary respirations, sighs. This exhausted state of the excito-motory function must not be overlooked in the treatment, and here let me observe, that there has been too much routine recommended even by our best writers in the treatment of the disease, a routine bordering on empiricism.

Whatever may have been the merits of other remedial agents, the cannabis indica for example, I am quite certain that no time ought to be wasted on less heroic agents than opium, and those who rely on hyoscyamus, croton oil, and other similar remedies, at different times recommended to our use, will be in danger of doing a positive injustice to the patient, and incurring a heavy responsibility. I am confident also, that it has been the abuse of opium which has induced many practitioners to resort to other means. We have seen that the so-called vegetative function—involuntary respiration, is unable to proceed without the exercise of volition. Render this powerless by opium, and the patient will sleep it is true, but will be awake? Will he not die comatose, that is if he is not aroused? and yet we are told fearlessly to push the exhibition of opium until sleep be obtained—advice fraught with peril. Our object should be to calm not insensate,—to give wine and nourishment to strengthen the system, and restore the balance of power to the excito-motory system. How is this to be done? By the personal administration of opium, with stimulating and nourishing adjuvants.

To calm the system short of sleeping often requires doses of this medicine, seemingly disproportionate to the caution which I have been advocating; like bleeding, it must be judged of by its effects without reference to mere weights or measures. I have given even four ounces and six ounces of tincture of opium

in the course of a night without doing more than I wished, and with great benefit to my patient; and the sleep which has in due time resulted a *post hoc*, in one sense a *propter hoc*, has been in my opinion not the effect of the soporific power of the opium, which, having been expended in overcoming or antagonizing the excitement of the nervous system, the essence of the disease, allows of the consequent sleep,—that sweet sleep worthy indeed of the encomium of the poets from Shakspeare downwards; and if closely observed it has not the characteristic of the heavy sleep produced by opium.

Proceeding to the second part of my subject, I am induced to believe we can advantageously explain the whole of the phenomena as the mere secondary effects of one cause—that cause, gastric irritation. There is a red tongue, with aphthous appearances; there is tenderness of the epigastrium. I believe that the dysphagia is the pure result of excited reflex action; the dyspnœa, the palpitation, and the irregular action of the heart likewise. The nervous connection is direct, and daily observation strengthens the probability.

One of my patients who, ever since his recovery from an attack of this disease, has erred on the side of abstemiousness, has the same difficulty of swallowing whenever he suffers from indigestion, and sometimes is entirely unable to swallow. This would appear to be a miniature portrait of hydrophobia.

Another patient, whose case is improving under the use of alkalis, bitters, and alteratives, every time she sits down to dinner is seized with such a violent paroxysm of coughing as to be obliged to leave the table. The salivary secretion is increased, and probably depraved, and is the irritant in the stomach in this case, and excites the reflex action in the diaphragm and other respiratory muscles.

The vomiting, the colic, the convulsions, are all as readily explicable upon the same principles, and case after case might be cited illustrative of the power of one irritation being capable of producing several secondary effects.

It would be interesting to pause and examine the mechanism by which the complexity of reflex action was effected in these cases. Certain is it, that many nerves of great apparent dissimilarity in their properties and functions must have been employed for their production—namely, the glosso-pharyngeal, the accessory, the laryngeal, the phrenic, and other associated respiratory nerves, the cardiac plexus, those spinal nerves which are associated with the phrenic in the act of vomiting,—for the stomach, we know, is altogether passive,—the sympathetic itself, and the anterior branches of the lumbar spinal nerves. Is it probable in the next place, that such a number of nerves, conveying reflected disordered action, could be excited to this by one source of irritation—by one efficient nerve, the pneumogastric? I believe it is *vagus* by name—*vagus* by nature. Connected seemingly everywhere with other nerves, entering largely into many associated actions, it is this which renders the stomach so remarkable for its sympathies. But to return, the original symptoms of the disease were frightfully aggravated by all this waste of nervous power, but they yielded kindly to treatment.

Although time hastens I am tempted to borrow another form of disease illustrative of another principle of the reflex function, namely, that the same effect

may arise from two or more causes. This is spermatorrhœa, involuntary seminal discharge. A gentleman, the subject of it, who, notwithstanding his positive denial of it, has probably abused his generative functions by solitary indulgence; whenever he luxuriates in sexual desire, even looks upon a woman to lust after her, immediately suffers the involuntary emission; and on awaking in a morning, discovers that the same thing has happened. The excitant in one instance, is a mental cause; in the other a distended bladder. I desired him to pass his water during the night, and then emission never occurred. There is besides, in this disorder, chronic inflammation or irritation about the termination of the common ejaculatory ducts, but the emission takes place in the morning and awakes him. Children too, who wet their beds, may be broken of the habit by keeping them, if possible, upon their backs, with their pelvis raised, thus taking the irritant away from the neck of the bladder.

Let us recollect also that the effects of excited reflex action are transmitted through sensiferous as well as motor nerves. The pain in the side in leucorrhœa, the facial pain in early pregnancy, point to the same principle. It would be easy to state many cases as examples, but it is enough to recognize the principle, to which, when it speaks in the terrible language of tetanus, hydrophobia, epilepsy, and convulsions, we are obliged to listen,—in its seeming caprice or coquetry, as in chorea and hysteria, we give it heed.

Let us equally regard it in those minor complaints of every-day occurrence, upon the treatment of which, after all, depends the success of the practitioner.

Let us discard the language of sympathy as unworthy the present status of physiological knowledge, and substitute for it that founded upon induction and truth; and while we assume to ourselves the laurels of success, the result of well-earned labours, let us not have the ingratitude to forget that we owe to Dr. Marshall Hall some acknowledgment for having brought so clearly to light the explanations of facts which have so long slumbered under the cloak of obscurity, for having established certain principles of physiology, which, from their important bearing upon the treatment of disease, must entitle him to be considered a benefactor of mankind.

MEMOIR ON THE DIGESTION AND THE ASSIMILATION OF AMYLACEOUS AND SACCHARINE MATTERS.

By Dr. MIALHE, Professor Agrégé at the Faculty of Medicine, Paris.

(Continued from page 311.)

II. HYDRO-CARBONATED SUBSTANCES NOT IMMEDIATELY DECOMPOSABLE BY THE ALKALIES OF THE BLOOD, OR HYDRO-CARBONATED SUBSTANCES NOT IMMEDIATELY ASSIMILABLE.

Sugar of cane or of beet root.

Cane-sugar is not immediately capable of assimilation, the alkalies of the blood not having any decomposing action upon it; thus, when injected into the veins it passes into the urine without having experienced any alteration whatever, (Bernard and Barreswil;) but when it is dissolved in gastric juice, it acquires the

property of being assimilable, for if then injected into the veins, it no longer shews itself in the urine, (Bernard and Barreswil.) MM. Bouchardat and Sandras have also shown that cane-sugar introduced naturally into the blood passes in the urine. "We have," say they, "successfully repeated the experiment of Messrs. Bernard and Barreswil; we have injected half a gramme of cane-sugar into the veins of a dog, and we have met with this sugar in the urine; we have replaced the cane-sugar by the same quantity of glucose in one experiment, and by the same quantity of converted (*interverti*) sugar in another; and in each of these instances, we have found neither glucose nor converted sugar.

These facts evidently shew the necessity for the molecular transformation of cane-sugar into grape-sugar or glucose, in order that it may undergo the decomposing action of the alkalies, and become assimilable; how then is it that MM. Bouchardat and Sandras can have asserted that all their experiments, with the exception of those relating to the conversion of sugar into formic acid, are opposed to my views MM. Bouchardat and Sandras might themselves have recognized in these facts one of the best arguments in favour of my theory; but these authors have preferred giving an erroneous explanation, in which they assign to the oxygen of the atmosphere a part which is contradicted by observation.

Fecula or starch.

Fecula as such, is not assimilable, for like cane-sugar, it is not capable of decomposition by weak alkaline solutions; it ought therefore to undergo some change to become assimilable. I have sought to ascertain what chemical phenomena might be the cause of this transformation of starch into dextrine and into glucose, and have arrived at the discovery of animal diastase. I proceed to shew that it is solely by means of diastase that the transformation of the starch is effected.

If, in their last work upon indigestion, MM. Bouchardat and Sandras have attributed the change of starch into dextrine and glucose, to the presence of a substance analogous to diastase in the digestive passages, they have no where indicated the source of this diastase, and have even altogether forgotten to study the action of the saliva, of which they make no mention. It is, nevertheless, precisely in the saliva that I have found the substance analogous to diastase.

I have said that Leuchs was the first to recognise that starch, brought to the state of starch-paste (*empois*), by baking, and heated with fresh saliva, becomes liquid in the space of some hours, and it is then found to be converted into glucose; that Sebastian had also shown that starch digested with saliva, loses its property of becoming blue with iodine. I have very frequently repeated these experiments, and have established that the product of the reaction of saliva upon fecula is always in the first instance dextrine, and not sugar of starch, as Leuchs has stated; I have besides assured myself that, in order that starch may be quickly changed into dextrine and into glucose by the salivary secretion at the temperature of the animal body, it must be disintegrated, an effect which is obtained by boiling it in water, or pounding it cold. This explains why carnivorous animals digest starch

with far greater difficulty than ruminant animals and granivorous birds. Who does not know that these two descriptions of animals are provided with a masticating or grinding apparatus far more perfect than that of the carnivora?

I have established it as a principle that animals digest feculent aliments with a facility in proportion as their salivary glands are more developed, and their masticating or grinding apparatus more perfect; and for proof in support of what I advance, I would refer to the facts collected by Burdach in his *Traité de Physiologie Générale*, to shew that the humidity of the mouth promotes digestion. It results from my researches that the action of the saliva upon starch is much more rapid than had been thought. Let a certain quantity of starch, in the state of starch-paste (*empois*), newly prepared, be introduced into the mouth, and immediately submitted to mastication; in less than a minute, the insipid taste of the starch-paste will be replaced by a taste manifestly saccharine, altogether analogous to that of syrup of dextrine. This short time is sufficient for the saliva partially to change the fecula into dextrine, and into grape-sugar or glucose, so that the starch thus modified, when filtered, is no longer influenced by iodine. With hydrated starch diffused in water and filtered, the action of the saliva is still more manifest: it is almost instantaneous, and the transformation of the starch is even complete. I have convinced myself of this fact by shaking for a few seconds a mixture of equal parts of filtered starch and of saliva, *carefully neutralized*, also filtered, and submitting the mixture immediately afterwards to the action of ioduretted water, no change of colour took place.

In the foregoing experiments, as well as in those which are to follow, I have clearly shewn the action of the saliva upon fecula by the tests both of iodine and of potass, and have thus been able to obtain results infinitely more precise than by having recourse to iodine only. Thus, when saliva is made to react on starch, a transformation more or less complete of this latter substance into dextrine and into sugar of starch occurs. If the change is complete the iodine solution causes no change of colour; but if the transformation is incomplete, the iodine can only give indications on the proportion of starch modified, the iodic colouring being in inverse ratio to the proportion of starch which is changed, for the iodine only acts on the fecula not decomposed. We must, therefore, have recourse to potass, which, contrary to iodine, exercises its effects only on the modified starch. With this view the amylo-salivary solution is filtered, a few drops of liquid caustic potass are added, and heat applied; the proportion of modified starch is estimated by the degree to which the solution becomes coloured, pure starch not being coloured by alkaline solutions.

Action of saliva on crude fecula.

Crude fecula is only very slowly or very imperfectly soluble in saliva. At the first moment of contact the action is indeed null, but when the starch is digested for two or three days in fresh saliva, taking care to assist the action by a temperature of 40° or 45° centigrade, the transformation of the starch is evident, and is proved by the want of colour from iodine, and the marked yellowish-brown colour produced by potass in the filtered amylo-salivary solution.

Action of saliva on crude starch when pounded.

In proportion to the slowness of the action of the saliva on crude fecula, in the state of aggregation which is proper to it, so on the other hand is the action rapidly manifested on starch disintegrated by trituration. A few hours contact are sufficient in this case to render the transformation of the starch complete. The preceding indications enable us to see why animals which have the most perfect masticatory or grinding apparatus—or again, which have the digestive apparatus most strongly developed, are precisely those by which crude fecula is most easily digested, as Stevens, and more recently MM. Bouchardat and Sandras have shown.

Action of saliva on bread.

When bread is well baked it is quickly acted upon by the saliva, thus it is observed to acquire a marked sweet taste during mastication; but when the bread is badly baked, when all the starch which it contains is not disintegrated, the transformation of this body into dextrine and into glucose is imperfect, and all that part which has not been thus modified remains undigested.

Action of saliva upon unleavened or wafer bread.

Notwithstanding that unleavened bread has not undergone panary fermentation, it nevertheless constitutes an eminently digestible food, provided that all the grains of fecula which it contains have been entirely disintegrated by heat, and are ready to undergo the solvent action of the saliva.

(To be continued.)

ON LIVING ANIMALCULÆ IN HUMAN URINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In answer to Dr. Shearman's communication of July 1st, I beg to state that I have frequently observed the animalcules he has described in human urine; they are referred by Dr. Golding Bird, to the genus *Vibrio*, (*V. Lineola*?) and the remarks of this author are quite in accordance with my own observations.

Last November I have recorded the case of a youth who was greatly emaciated, and had long been suffering from violent urinary irritation. The urine was very abundant, seventy ounces in twenty-four hours, it was passed with great agony, such indeed was the irritation of the bladder that the presence of stone was suspected, and frequently sought for, but in vain. The urine was pale, but muddy, specific gravity 1.010; it contained traces of free sulphuretted hydrogen, and was highly albuminous. By the aid of the microscope, pus-globules, altered blood-discs, and thousands of animalcules were observed. The animalculæ were present in urine directly obtained from the bladder, and died when decomposition had fairly set in. The patient had great thirst; the tongue was foul, having long red papillæ; the appetite was capricious, and the food taken produced great flatulence; the bowels were purged, but the food passed in an undigested and fœtid state; the pulse was 110, feeble; the skin hot; and he had a slight cough. There was also some tenderness over the lumbar region. This case had been submitted to a great variety of treatment, but the warm bath, a moderate and easily-digested diet,

together with gentle laxatives and tonics, were the means of giving him considerable relief. The patient shortly afterwards left the town, so that I am ignorant of the final result.

I was led to enquire whether the animalcules had been generated in the bladder, by finding them in a specimen examined only two hours after the evacuation of the urine. In all former instances I had taken it for granted that they had been formed after the urine had stood some time, and had already begun to decompose. I still think that they are intimately associated with decomposition, since they are only observed in strumous and debilitated persons, where the vital energy is unable to correct the tendency to decomposition which the urine containing them is especially liable to. In the case I have alluded to, the urine contained free sulphuretted hydrogen and albumen; the latter I have almost uniformly observed in connection with vibriones. Dr. Shearman would oblige me by noting this point.

I remain, Sir,

Your obedient servant,

J. H. STALLARD.

New Street, Leicester, July 6, 1846.

DR. SHEARMAN'S CASE OF ANIMALCULÆ IN URINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—

On looking over the number of your valuable Journal for July 1st, I notice a query by Dr. Shearman, of Rotherham, respecting a case in which he has found numberless animalcules in the urine of one of his patients. Dr. Shearman states that these animalcules are "perfectly unlike spermatozoon, and appear to be pretty nearly the same circumference from head to tail."

From the whole history of the case, however, as reported by Dr. Shearman, it appears to me that he has met with one of those insidious cases of spermatorrhœa so well described by M. Lallemand, and which are far more common than is often suspected. I would therefore suggest to Dr. Shearman that he cause his patient to pass urine into three different glasses. One of these should contain the first portion of the excretion; the second an ounce or two passed after the urethra has been well washed out by the first discharge, and the third the remainder of the fluid to be excreted. I venture to predicate that in the second glass no animalcules will be found, whilst they will be abundant in the third, containing the last drops of the urine, and probably a few will be found in the first glass, having adhered to the walls of the urethra from previous seminal discharge. Nothing is more common in advanced cases of spermatorrhœa than an entire change in the form of the spermatozoa, which seem to be habitually expelled before they are fully developed.

I remain, Sir,

Your obedient servant,

H. McDougall, M.R.C.S.E.,

Formerly House Surgeon to University College Hospital.

46, Berners Street, London,

July 7, 1846.

PROVINCIAL
Medical & Surgical Journal.
 WEDNESDAY, JULY 15, 1846.

An appeal to the constituency, whether throughout the country in a general election, or partially arising out of the acceptance of office, or other causes, always affords a valuable opportunity for pressing subjects of importance on the attention of public men. In questions of mere party politics, considerations of a like nature will of course mainly actuate the candidates of either, or of any side, while the solicitations for personal favours will commonly be consigned to oblivion, or meet with some plausible excuse for neglecting them, when the day of trial is over. The former are all paramount, as forming the grounds on which the support of large bodies of the electors is asked for and obtained; the latter, connected only with the individual elector, and having little influence on the future prospects of the member, will be complied with, or otherwise, as convenience dictates.

But there are questions of an intermediate nature, neither interfering with the political relations of the future member, nor taxing his private interests; and to these, if supported by a considerable number, or by influential parties, among the constituency, his attention may be obtained and his services secured. It will be well therefore for our body to be alert in seizing the opportunities which are now afforded in pressing on the attention of the members, whom the appointment to office under the new government has sent back to their constituents, the several questions of Poor-Law medical relief, of extra-mural sepulture, of sanatory regulations for the county generally, and especially of the reform of our medical institutions.

If this duty be undertaken and performed with judgment, the electors will be found to second the appeal, and those members of her Majesty's Government, now in this manner before the country, will have the opportunity of learning that the intelligence of the community is awake to several of these questions, and is not behind-hand with, and perhaps in advance of, that of the so-called higher classes in estimating their advantages.

The occasion has already been made use of by an influential member of our Association to bring one of these questions publicly under the notice of the electors and of the newly elected member; and the manner in which his observations were received by both parties, holds out great encouragement for following the example.

At the recent election for the city of Worcester, in consequence of the elevation of Sir Thomas Wilde, one of its members, to a high judicial situation, Dr. Hastings took occasion to address a few words to his fellow citizens on a subject which, although

not a political one, was one in which they were deeply concerned—the necessity for the establishment of better sanatory regulations for the preservation of the public health throughout this country. “In the midst of the party struggles which had latterly taken place this subject,” he observed, “had been overlooked, and he now begged to draw attention to it thus publicly, with the object of impressing upon their new member the strong feeling which existed in this city relative thereto. He trusted the time was now come when peace, harmony, and good will would exist among them, and that the politicians of the day would now turn round and do all they could to advance the social, intellectual, and moral improvement of the country. He hoped and trusted that the great question of medical legislation would receive from Sir Denis le Marchant his fullest consideration, and that he would impress upon the Government the strong feeling which existed on the subject on the part of the constituency of Worcester. He believed he spoke the sentiments of all who heard him, and would be glad if those who agreed with him would signify their assent by holding up their hands.” A “forest of palms” here arose in the hall, on which Dr. Hastings said—“Thank you, gentlemen, I am much obliged to you.”

The new member, Sir Dennis le Marchant, who had held office in a former administration, and whose services may perhaps be again called for under the present Government, subsequently alluded to these observations. “His Hon. Friend, Dr. Hastings, had called his attention to the subject of the sanatory regulations for the kingdom, and he begged to say that he concurred in every word which had fallen from that gentleman on the subject. It was a subject of the greatest importance, and should receive his best attention. He had moreover, good reason to believe, from what had transpired, that the attention of the Government had been drawn to the subject, and that it would form matter for legislation. He trusted an efficient system of legislation on this subject would be adopted, for it would be sad indeed, if on a subject of this great and general importance, party feeling were allowed to interfere to its detriment.”

The manner in which this subject was received is an important indication of the feelings and favourable disposition of all who are concerned, and if the various questions involved are only fairly and temperately discussed, and due moderation with respect to the necessary provisions maintained, so as to reconcile, as far as practicable, without at the same time giving up really important principles, the conflicting opinions which have hitherto tended so much to impede our progress, we shall yet hope to see the medical and sanatory institutions of the country placed on a firm basis, alike satisfactory to the profession and advantageous to the public.

A Manual of Physiology, including Physiological Anatomy, for the Use of the Medical Student. By WILLIAM B. CARPENTER, M.D., F.R.S., Fullerian Professor of Physiology in the Royal Institution of Great Britain, &c., &c. London. 1846. pp. 582. With numerous Illustrations.

Dr. Carpenter's larger works on the subject of physiology—"Principles of Human Physiology," and "Principles of General and Comparative Physiology," are so well known, and so justly appreciated, that it is scarcely necessary to do more than announce the appearance of the present elementary treatise as being admirably adapted to the purposes of the student. But, though going in a great measure over the same ground, the "Manual" is not to be looked upon as a mere abridgment of the larger and more elaborate works, and being brought up to the present time, will be found to contain additional matter on a subject which, from its nature, must long continue to be in a progressive state. The principle change in the more general character of this volume is in the arrangement of the subject, the reasons for which are given in the prefatory remarks. The author states, that in making this change his object has been "to convey to the student as clear an idea as possible of the principles of the science, to point out the manner in which those principles should be applied, and to give an outline of the most important facts which indicate the nature of the various changes taking place in the living organism." In following out this intention, he has adopted the plan of commencing his "exposition of the characters of organized structure and of vital phenomena, by a full account of the development and metamorphosis of cells, and of the purposes which these effect in the living body, either in the original or in the altered condition." He further takes occasion to express the opinion that the doctrine of cells is now entitled to hold "the same rank in physiological science as that taken by the doctrine of mutual attraction in general physics, or of elective affinity in chemistry." This portion of the work, nearly a fourth of the whole, is well deserving the attention of the more advanced physiologist, as he will there find a condensed account of the more important information on the subject of cells, which the labours of many excellent observers have recently developed.

Like other of Mr. Churchill's admirable series of manuals for students, this volume contains numerous appropriate, and most beautifully executed wood-engravings. There are also two plates, the one illustrative of various appearances of cells—blood-corpuscles, mucus-globules, and pus-globules; the other representing the principle forms of the nervous centres. There is a curious omission in the descriptive heading of the first of these plates, which it will be well to supply. "The Figures in this Plate," we are informed, "represent the Cells floating in the various animal fluids; and they are

all, with the exception of Figs. 4 and 5, copied from the representations given by M. Donné, in his *Atlas de l'Anatomie Microscopique*. These representations are transcripts of Daguerrotype pictures, obtained from the objects, by a solar microscope, with a magnifying power of 400 diameter." We have the satisfaction of informing our readers that the excepted figures are equally authentic with the Daguerrotype representations copied from M. Donné, and with the figures taken from the works of Mr. Newport, and MM. Blanchard, Guillot and Leuret, in the second plate, for all of which the authorities are carefully enounced. They are most accurate copies from some figures of blood-corpuscles, given by Mr. Addison in his "Physiological Researches."

SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

On Wednesday, the 24th June, 1846, the second anniversary meeting of the South-Eastern Branch of the Association was held at Ashford, when the following gentlemen were present:—

William Sibbald, M.D., Maidstone; John Pickance, Penhurst; Charles Leeson Prince, Uckfield; John Beet, Ashford; James Mackness, M.D., Hastings; George Souby, M.D., Dover; Henry Pout, Yalding; Henry Imlack, M.D., Sittingbourne; Edward Wallace, Carshalton; Henry Whitfield, Ashford; Charles Wilks, Charing; Francis Ayerst Young, Hawkhurst; William James West, Tunbridge; George Frederick Wilks, Ashford; David Skinner, Headcorn; James Stedman, Guildford; Thomas Hitchings, Seal; Francis Henry Wilson, Rye; Thomas Hunt, Herne Bay; Frederick H. Sankey, Wingham; John Adamson, Rye; Frank W. Pittock, Sellinge; Henry Crawford, Canterbury; George Bottomley, Croydon; Edward Scudamore, M.D., Canterbury; Thomas Martin, Reigate.

Dr. Sibbald having, at the former meeting, been appointed president for the year, took the chair, and delivered the following address.

Permit me, gentlemen, with all sincerity, to thank you for the honour conferred upon me, by placing me in my present position; and to assure you that it is with no affectation of humility that I have to express my regret that the duties which it involves had not fallen into other and abler hands. The objects in furtherance of which we are this day met, and which have led to the formation of the different District Branches of the Provincial Medical and Surgical Association, are in unison with and for the purpose of carrying out the views of the parent society. These must be familiar to all of you through the medium of its different publications, and may be succinctly stated to be—the advancement of medical science in its various branches, the promotion of harmony and good feeling among its members, and the maintenance of the honour and respectability of the profession in general.

The volumes of the Transactions already published, replete as these are with papers of much value and interest, attest the zeal and assiduity with which the

advancement of medical science is cultivated; and the numbers of the weekly Journal are enriched by much useful and practical information, derived from the wide field of observation which is open to those who practise in the provinces, and form a ready medium through which such information can be collected and concentrated.

It is, however, more especially with reference to the fifth and last object to which the attention of the Provincial Medical and Surgical Association is directed, that I conceive our District Branches are calculated to effect most good. This is said to be—"The maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought to characterise a liberal profession." Engaged as all of us are in the circumscribed sphere of our individual duties, it is with sincere pleasure that many look forward to meetings of this kind; where the associates of early youth, or the friends of more mature years, are brought together, who have but few opportunities of otherwise meeting; and where others become acquainted who may hitherto have been unknown—thus engendering mutual regard: or if unhappily any collision of interests may have occurred amongst others, such meetings as the present may prove the happy means of removing any feelings of estrangement, or animosity, which might have grown up betwixt them.

There are but few occurrences of general interest to the profession which have taken place since the date of our last meeting, which present themselves for observation on this occasion. The *questio vexata* of Medical Reform would appear, for the present, to be laid aside; and though I for one have long felt the necessity of some such measure, in the greatly altered and improved state of our profession, I cannot but think that the failure of the one recently before parliament affords no just ground for regret. It was constructed upon too narrow a basis, and the information upon which it was founded, was derived from a one-sided, and therefore too interested a source. Nor do I imagine we can hope for any satisfactory legislation upon this subject, until every available means is employed to collect the opinions of the profession generally, instead of consulting that only of a particular clique; and in the language of one of the late Presidents of the General Association, I would further say—gentlemen, "that reform will not be *just*, unless the claims and interests of the present race of practitioners are fully attended to; nor *wise*, unless ample provision is made for future improvement; nor *fair* to the community, unless the welfare of all be consulted."

But although there is no immediate prospect of any measure of the kind, I think I may congratulate the present meeting upon the improved position which the profession begin to hold—more particularly with the different branches of the legislature: more respect and deference appears to be paid to their opinions; and a disposition is evinced to pay more regard to their interests. In the act passed in the last session of parliament, for the care and management of the insane, a recommendation is made to the magistrates of counties, to afford retiring pensions to the different officers of

County Asylums; and this on a scale of liberality which evinces the estimation in which the labours of that most useful and inadequately rewarded class of our profession are regarded. The intimation, likewise, which was given at the commencement of the present session, that the expenses of the medical treatment of paupers should in part become chargeable on the consolidated fund, will have the effect of rendering the position of medical officers of unions more independent of boards of guardians than they are at present, and evinces a disposition of those in authority to estimate more justly the labours of the country practitioners. The contemplated measure for the improvement of the health of towns, which was introduced during the last session of parliament, but which the state of public business has prevented being brought forward in the present, is founded on the reports of some of the most eminent men in our profession, and thus evinces the respect with which the opinions of medical men are now regarded—and a greater disposition is manifested to be guided by them, in all matters connected with the public health, than has heretofore been the case in this country.

The estimation, however, in which we are held by the public must ever, in an essential degree, depend upon ourselves, and our conduct towards each other—upon ourselves so far as our conduct is guided by a high standard of morality, and by a strict observance of those principles of honour and rectitude which ought to influence the members of a liberal profession. It has been well observed, both at some of the general meetings of the Association, and at some of those of District Branches, that the principal reform to which we ought to direct our attention is less that of a corporate, than of a personal nature; and more particularly as regards the bearing of medical men towards each other. Nothing tends more to lower the profession in public estimation than the exhibition of those petty jealousies and squabbles which too frequently disgrace it, emanating, as these in general do, from motives of a sordid and selfish nature.

I am well aware that there are many instances of heart-burnings and jealousies, giving rise to such outbreaks, which no code of medical ethics, however well devised, can hope to rectify—it would be well if, not only in such cases, but in every other where we may consider ourselves aggrieved, the divine precept was kept in view, which has taught us "Whatsoever ye would that men should do to you, do ye even so to them." This might tend alike to modify feelings of wounded pride, and to allay those of resentment—preventing such a course of proceeding as too frequently ends in angry discussions and personalities, exposing both parties to the contempt and ridicule of the public, which is never disposed to regard the quarrels of professional men with any other feeling. In as far, however, as the mere etiquette of the profession is concerned, much good might result from a well digested code of medical ethics, which should be applicable and easily accessible to every member of it; and it has been proposed at a recent general meeting of the Association by one of its presidents (the late venerable Mr. Hey, of Leeds), that a committee should be appointed for this purpose. In such a proposition I most cordially join, and would moreover venture to suggest, that before the present meeting

terminates, some presentment, if I may borrow a term from the law courts, or recommendation to this effect, should be prepared and forwarded through our worthy secretary, to be laid before the next general meeting of the Association—and I trust he will excuse me if I more particularly refer to him on this occasion as having, some years since, when the formation of the Sydenham Society* was first contemplated, pointed out the necessity for republishing the best works on this subject which existed in our medical literature. It is somewhat remarkable that although the aspect and condition of the medical profession in this country has undergone such an entire revolution within the last twenty or thirty years, we should have no later works on the subject than those to which I have referred, viz. Dr. Gregory's Lectures on the Duties and Qualifications of a Physician, published upwards of seventy years since; and Dr. Percival's Medical Ethics, published at the commencement of the present century. I understand it has been still more recently proposed by some members of the council of the Sydenham Society, that a reprint of these works should issue from their press; but I think the greatly altered state of the profession requires a remodelling of the many excellent precepts contained in these works, and that, in this respect, we should not be behind our neighbours on the continent, where, both in France and Italy, and, I believe, also in Germany, works on this subject have very recently appeared.

In conclusion, gentlemen, I have to thank you for the attention with which these observations—very hastily thrown together—have been received; and to express a hope that our proceedings on this the second anniversary of our District Branch may satisfactorily carry out the intentions of the founders of the parent Society, by maintaining the honour and respectability of the profession, and raising its character in the estimation of the public.

The minutes of proceedings of the meeting last year, at Tunbridge, having been printed and placed in the hands of every member, they were considered to have been read; and the secretary proceeded to read the following report from the committee to the general meeting:—

REPORT.

"The present being the second annual meeting of the South Eastern Branch of the Provincial Medical and Surgical Association, the committee have the pleasing duty of reporting to the members present, the further satisfactory progress of this branch of the Association. They rely with the fullest confidence on a continued prosperous course; and they trust that our increasing numbers will cause the agreeable and the useful results of the Association to be more and more generally felt and appreciated. Many excellent men become acquainted who would never, otherwise, have known each other—old hospital acquaintance renew and improve their former friendships—the cheering and refreshing cordiality of attachment between gentlemen practising the same liberal profession, of kindred minds and habits of thought is experienced; and they are gratified by the social and professional amelioration springing from these meetings.

* Provincial Medical Journal, 17th Sept. 1842, p. 483.

"From the great distances at which the annual meetings of the parent Association have been usually held, in the great towns of the north and the west, it is believed that with one, or at most two, exceptions, none of the few members of the Association residing in Kent had, previously to the establishment of this branch, been able to attend any of the great meetings already referred to. In common, however, with other Branches, the convenience of having meetings nearer home, of a similar nature, although less in magnitude than those of the parent Association, is fully acknowledged—and it is believed that notwithstanding the territorial extension of this Branch now contemplated, gentlemen residing in the most remote parts of the district, will be enabled, by railway communication, to attend the annual meetings of the Branch, wherever they may be appointed to be held, and return home in the course of one day, or at least within the space of twenty-four hours.

"The Committee desire to mention this, as an important consideration, where time is an element of so much importance, and where the peculiarities of medical practice are to be taken into account. And perhaps, without impropriety they may add, that as Branch Associations are become an essential part of the great scheme of the parent Association, it would be well if the whole of South Britain, as the sphere of its operations, should be divided into districts of convenient dimensions with respect to each, in itself, and with reference to each other.

"In accordance with this principle, your Secretary has recently been in correspondence with the Secretaries of the Southern Branch, on the proposition of comprehending the whole of the counties of Surrey and Sussex with the county of Kent, in the constitution of the South-Eastern Branch; and by reference to the map, it will be seen, that this boundary will form a very convenient territorial arrangement, with reference to both districts, where they come in contact; and your Committee can foresee no difficulty in the case, if it should be agreeable to those gentlemen residing in western Surrey, and the western part of Sussex, who have hitherto considered themselves as members of the Southern Branch.

"At the meetings of this Branch Association, cases of interest, and valuable practical observations, will always be acceptable, agreeably to the fifth rule. Cases should be stated as concisely and as clearly as possible, that the valuable time of the meeting, being so short, may be economically disposed of.

"The Committee conclude by observing, that our profession may rely with confidence on the increase of public estimation, while it is increasing in general intelligence, as well as in practical utility and efficiency. It can no longer be laid to our charge, that while science and learning are confined to a few, the great body of our profession is inadequately instructed. With the general growth and diffusion of knowledge, we have reason to hope that a higher tone of moral feeling, and a better culture of the highest powers of the mind is also prevalent. To the cultivation of medical science, and the improvement of medical practice, our endeavours have been, and will continue to be, anxiously directed. And with a zeal worthy the cause which has called them forth, and has now called us together, we will hope to justify our claims to the

high and worthy object of supporting the honour and respectability of the profession—for this honour, and this respectability must ever flow, not from self-elating pretensions, or arrogant claims to consideration; but from the professional skill, the kindness, and the moral worth, of individual members."

It was moved by Mr. Wallace, of Carshalton, and seconded by Dr. Imlach, of Sittingbourne, and unanimously resolved,—

That the report now read be received, adopted, and entered on the minutes.

Moved by Dr. Soulbey, of Dover, and seconded by Mr. Beet, of Ashford, and resolved unanimously,—

That it appears to this meeting, that the town of Reigate will be a convenient place for the general meeting in June, 1847; and, therefore, that the members of this Branch of the Provincial Medical and Surgical Association be invited to assemble at Reigate on that occasion.

Moved by Mr. West, of Tunbridge, and seconded by Dr. Imlach, and resolved unanimously,—

That Mr. Wallace, of Carshalton, be requested to accept the office of President, at the Reigate meeting, and for the ensuing year.

Moved by Dr. Mackness, of Hastings, and seconded by Mr. Pickance, of Penhurst, and resolved unanimously,—

That Mr. Newnham, of Farnham, and Mr. Stedman, of Guildford, be requested to accept the offices of Vice-Presidents.

Moved by Mr. Young, of Hawkhurst, and seconded by Mr. Skinner, of Headcorn, and unanimously resolved,—

That Mr. Martin, of Reigate, be requested to continue in the offices of Secretary and treasurer for another year.

Moved by Mr. Pout, of Yalding, and seconded by Mr. Prince, of Uckfield, and unanimously resolved,—

That Messrs. Fletcher and Bottomley, of Croydon; Dr. Webster, of Dulwich; Messrs. Hart, and Chaldecott, of Dorking; Mr. Albert Napper, of Guildford; Mr. Pickance, of Penhurst; Mr. Thompson, of Westerham; Mr. Clark, of Sutton; Mr. Ward, of Epsom; Mr. Smith, of Crawley; and Mr. Byass, of Cuckfield, do form the next committee of management.

Moved by Mr. Wilks, of Charing, and seconded by Mr. Bottomley, of Croydon, and unanimously resolved,—

That the best thanks of this meeting are due to the officers and other members of the Committee for the services which they have rendered to this Branch Association, at and since the last meeting to the present time; and that they be requested to accept the grateful acknowledgments of the members present.

Moved by Mr. Crawford, of Canterbury, and seconded by Dr. Mackness, and resolved unanimously,—

That it appears to this meeting, the boundaries of the Districts of the Provincial Medical and Surgical Association should be well defined; and the county of Kent, with the counties of Sussex and Surrey, will form a district of convenient form and size for the purposes of the Association.

The Treasurer's account was then read, and the Secretary submitted to the meeting the claims of the Benevolent Fund of the Association, presenting copies of the last report respecting it. He also adverted to

the Sydenham Society, its scope and objects; and presented copies of the fourth report, recently issued.

The Secretary, on behalf of one of the members of the Association, read the sketch of a plan for a medical provident, or benefit club; on the plan of a *Friendly Society*. In the opinion of the author of this suggestion, in addition to the Benevolent Fund, and Mr. Daniell's Medical Annuity Fund, there was still room for an annual subscription of, perhaps, two guineas, to entitle the subscriber to a weekly equivalent payment, while incapacitated from attending to business by sickness or accident. The attention to, and consideration of, this subject, by the members present, were invited by the author of the scheme.

Mr. Hunt, of Herne Bay, read a Paper entitled "Suggestions towards the adoption of a plan for the advancement of Practical Medicine and Surgery."*

Mr. Crawford, of Canterbury, mentioned the successful use of small quantities of the tincture of iodine, thrown into the sac, and suffered to remain there, in the cure of hydrocele; a drachm of the tincture and three drachms of water being injected, and not withdrawn, but suffered to remain, induced successful adhesion in several cases, recently, in the Canterbury Hospital.

This led, in the course of conversation, to the subject of exciting adhesion between the coats of the sac in ovarian dropsy, and the greater or less danger of attempting this mode of cure, as well as to some points of the pathology and the treatment of ovarian dropsy.

Mr. Hitchings, of Seal, favoured the meeting with a Paper on delirium tremens,† which disease, and its modifications, he stated to be of frequent occurrence in his neighbourhood.

The communication led to much conversation on the treatment of delirium tremens, in the course of which Mr. Adamson, of Rye, mentioned his successful treatment of the disease with tartarized antimony, in doses beginning with one grain, in form of pill, increasing the doses, and repeating them at short intervals, until the symptoms subsided.

In reference to the use of large doses of opium in the treatment of delirium tremens, Mr. Bottomley, of Croydon, mentioned that the most delightful effects of opium, administered in the same way, had resulted in the treatment of puerperal insanity, under his care.

The Secretary read the report of a case of rupture of the urinary bladder, in which the patient enjoyed complete recovery, occurring in the practice of Mr. Chaldecott, of Dorking, but as it scarcely admits of an abstract, the details will, in all probability, be given in the Journal of the Association.

Mr. Young, of Hawkhurst, then introduced the subject of the opinions, as well as statements, required of medical men respecting the health of patients, by Life Insurance Offices; and cited the opinion on that subject, of an eminent man at the bar. The refusal of most of these offices to offer fees, and the propriety or impropriety of giving opinions, as well as statements of a confidential nature, respecting the health of patients, that confidence also being often broken, became the subject of much conversation, and ended in

* This Paper was printed in the Journal for last week—page 311.

† See page 321.

the unanimous adoption of the following resolutions :—

Moved by Mr. Bottomley, seconded by Mr. Hunt,—

That every Life Assurance Office has appointed medical referees of its own, on whose opinions the offices ought to rely, in their decisions on the insurance of lives. The members present at this meeting are of opinion, that the Insurance Offices have no claim whatever on the private medical attendant of any candidate for insurance, for an opinion on the state of his or her health.

Moved by Mr. Young, and seconded by Dr. Soulbey,—

That copies of the foregoing resolution be sent to all the offices for life assurance.

The thanks of the gentlemen present were then voted to Dr. Sibbald, for his able and judicious conduct in the chair.

The Society afterwards dined together.

REFUSAL OF THE CUSTOMARY FEE FOR A SURGICAL OPERATION AND ATTENDANCE UNDER THE NEW POOR-LAW ACT: CORRESPONDENCE WITH THE POOR-LAW COMMISSIONERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I will thank you to insert the accompanying correspondence in an early number of your Journal. I am not aware that any explanatory remarks are required, as the whole case seems complete in itself.

I am, Sir,

Yours truly,

ANTHONY MARTIN.

Evesham, July 4, 1846.

To the Poor-Law Commissioners.

Evesham, February 26, 1846.

Gentlemen,—I shall feel much obliged to you if you will kindly inform me whether I am entitled to the usual fee for attendance on the following case :—

On the 22nd of Oct., 1845, I was summoned to attend Ann Batson, a woman residing in the parish of All Saints, in the Borough of Evesham, and on attending, I found that she had fractured her thigh. I immediately treated the case in the usual way, and on the next day called in one of my professional brethren, Mr. Thackwell, who coincided in what was done. I continued my attendance for eight days, when I gave up the case, in consequence of a man of the name of Yeend, a village bone-setter, being called in. At the end of the quarter I made my charge for the usual fee of £3, which the Guardians of the poor have refused, because they say that I did not attend the case. Some few weeks ago Mr. Thackwell and myself attended the Board at their request, and urged the justice of my claim, and after hearing our evidence, they determined on summoning Yeend, the bone-setter, before them, together with Mrs. Batson, and ultimately agreed to the following minute :—

"Mrs. Batson attended this Board, and positively stated that Mr. Martin did not set or cure her thigh, it is therefore the opinion of this Board, that Mr. Martin's charge for the same cannot be allowed."

I did not receive any written order to attend, but as I had had occasion to visit Mrs. Batson before as a pauper, I did not think it would be necessary, particularly as her husband earns but eight shillings per week. Allow me to express my surprise at the unusual character of the proceedings of the Board of Guardians. They appoint regularly qualified medical men to have the charge of the poor, they call them in to give evidence as to the nature and treatment of a certain case, they both agree in their statements; Yeend, the bone-setter, is called in to give opposite evidence, and the verdict is given in his favour. I need scarcely add, that in no court of justice would his medical evidence be received. I think I have given an impartial view of the case, and waiting your reply,

I am, Gentlemen, yours respectfully,

ANTHONY MARTIN.

Poor-Law Commission Office,

Somerset House, 28th Feb., 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 26th inst., relating to your claim to a special fee, as a medical officer of the Evesham Union, for attendance in the case of Ann Batson, and I am to state that your letter will meet with the consideration of the Commissioners.

I am, Sir, your most obedient servant,

E. CHADWICK, Secretary.

Anthony Martin, Esq., Evesham.

Poor-Law Commission Office,

Somerset House, March 14, 1846.

Sir,—With reference to your letter of the 26th ult., respecting your claim to a surgical fee as a medical officer of the Evesham Union, for attendance in the case of Ann Batson, I am directed by the Poor-Law Commissioners to forward to you for your perusal and information, the accompanying copy of a statement which the Commissioners have received from the Clerk of the Evesham Union, on the subject, as shewing the grounds on which the Guardians refuse to pay your claim for attendance on the case in question.

I am, Sir, your most obedient servant,

W. G. LUMLEY,

Assistant Secretary.

To Anthony Martin, Esq., Evesham.

Evesham, March 3, 1846.

Sir,—In reply to your letter of the 28th ult., I am directed by the Board of Guardians to say, that from the statements of Mrs. Batson and Mr. Yeend, (copies of which I herewith enclose,) they did not consider themselves justified in allowing Mr. Martin's fee.

Mrs. Batson is now able to walk, with the aid of a stick.

I have the honour to be, Sir,

Your obedient servant,

J. B. SAUNDERS, Clerk.

Edward Chadwick, Esq.,

Secretary, Poor-Law Commissioners.

Copy of evidence given by Mr. Yeend and Ann Batson, as to the treatment of the latter, for a fracture of the thigh-bone.

Mr. Yeend, a bone-setter, stated that in October last

he was requested to attend Mrs. Batson, which he did, and found that the cup-bone of her right thigh was fractured, and the thigh-bone slightly out of place; he set the bone, and fixed the limb in a proper position to keep it in its place. He attended the woman until she was cured.

Mrs. Batson stated that on her return from work on Wednesday evening in October last, she slipped down against a curbstone and injured her thigh. Mr. Martin was sent for, and came the same night: he examined her thigh and said the bone was broken; he directed that her thigh should be bathed. Mr. Thackwell afterwards attended with Mr. Martin, and said that she was too old to bear the pain of having the bone set; this was on the Friday following the day of the accident. On the Sunday following the day of the accident, Mr. Field called on her, and said he was sorry to see that her thigh was not set yet; he sent for Mr. Yeend, the bone-setter, who attended and set her thigh. Mr. Martin called afterwards, and when he found that Yeend had set the bone, he left the house, saying that she might go to the devil.

To the Poor-Law Commissioners.

Evesham, March 18, 1846.

Gentlemen,—I beg to acknowledge the receipt of your letter, with the accompanying documents, and in reply thereto I take leave to make a few remarks:—

With Mr. Yeend's statement I assume that I have nothing to do. I take it for granted that the opinion of a man of that class is not worthy of credit in a surgical case; not that I doubt his sincerity, I deny his competency. With respect to Mrs. Batson's evidence, she is perfectly correct in saying that on the night in question I directed her thigh to be bathed. This is a very common practice, the propriety of which is, I believe, indisputable, where there is much contusion and swelling in the soft parts, and it was the presence of this condition that induced me to have recourse to it. Mr. Thackwell never gave utterance to the words assigned to him. Both Mr. Thackwell and myself expressed our fears as to the termination of the case, on account of the shock which her system sustained, and her age, which is, I believe, 73. Mr. Field's remark "that he was sorry to see that her thigh was not set yet" must, I presume, have been prompted by the non-application of splints, which were not applicable to Mrs. B.'s case, owing to the peculiar position of the fracture. I have only to say further, in answer to the evidence, that I did set the limb, that is to say I put the broken bones in the most favourable position for bringing about a cure, that I daily attended the case for eight days, and that I omitted to attend for reasons given in my last.

I have the honour to be, Gentlemen,

Yours respectfully,

ANTHONY MARTIN.

Poor-Law Commission Office,
Somerset House, April 4, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 18th ult., respecting your claim to a special fee for the treatment of the case of Ann Batson, who had fractured her thigh; and I am to inform you that the

Commissioners have communicated to the Board of Guardians of the Evesham Union their opinion on the case in a letter this day.

I am, Sir, your most obedient servant,
E. CHADWICK, Secretary.

To Anthony Martin, Esq., Evesham.

Poor-Law Commission Office,

April 4, 1846.

Sir,—The Poor-Law Commissioners desire to inform the Board of Guardians of the Evesham Union that they have had under consideration the case of Ann Batson, as adverted to in your communication of the 3rd ult., in reference to the claim of Mr. Anthony Martin to a fee for his treatment of the case under the circumstances detailed to the Commissioners.

It appears, that on the 22nd October, 1845, Mr. Martin was summoned to attend Ann Batson, she having fractured her thigh. He attended and treated the case in the usual way, that is to say he directed the thigh to be bathed. There was, it would seem, much contusion and swelling in the soft parts, and it was the presence of this condition that induced Mr. Martin to have recourse to it. Mr. Martin states further that he did set the limb, that is to say "I put the broken bones in the most favourable position for bringing about a cure." Mr. Martin continued his attendance for eight days, when he gave up the case in consequence of a man of the name of Yeend, a bone-setter, being called in. It was alleged that Yeend found that the cup-bone of the right thigh was fractured, and the bone slightly out of place; he set the bone, and fixed the limb in a proper position to keep it in its place; he attended the woman until she was cured.

The Commissioners understand that the Guardians objected to pay the fee claimed, on the ground that Mr. Martin did not set or cure the woman's thigh. The Commissioners under the circumstances have consulted an eminent surgeon on the case, and having obtained his advice, are enabled to state—

That when a fracture is accompanied by much contusion of the surrounding parts, it is usual to apply in the first instance either tepid water, or a spirituous lotion to the limb, and to continue this treatment until the inflammation consequent on the injury has subsided. While such application is in use, it is necessary to place the limb in a right position, and so to confine it that there will be no movement of the broken bone. It would appear that Mr. Martin attended to these points. The Commissioners are further advised that when the inflammatory swelling of the parts has subsided, it is usual to confine a fractured limb more strictly than was previously done, by applying to it splints or other apparatus. This, it is to be presumed, the bone-setter did, when he first saw the case on the eighth day.

There does not appear to be any evidence to show that Mr. Martin either mistook the nature of the case, or treated it improperly. The Commissioners are advised, that when a fracture occurs at the top of the thigh bone, it is not usual to apply splints to the limb; that the fracture may have been so situated in this instance. It is not therefore to be inferred that the treatment of the case by Mr. Martin was wrong, because he had not applied splints to the limb. The Commissioners are advised that a fracture of the thigh

in a woman 70 years of age requires surgical attendance for at least seven or eight weeks, to ensure a favourable result. The Commissioners, under all the circumstances of the case, are inclined to think that the treatment of this case by Mr. Martin, as above described, was not such a treatment of the case as would entitle Mr. Martin, as a matter of right, to be paid the fee prescribed by Art. 10 of the General Medical Order for the Treatment of Simple Fractures or Simple Dislocations of the Thigh or Leg; but at the same time the Commissioners think, that presuming Mr. Martin treated the case properly, during the eight days he attended it, and seeing that he did not voluntarily discontinue his attendance, but that he was displaced by some other person, it would be fair to allow to Mr. Martin, in this case, an amount of remuneration proportioned to the extent of his attendance. The Commissioners leave the case to the consideration of the Guardians; they at the same time enclose for the Guardians' perusal, a copy of a letter dated the 18th ult., which the Commissioners received from Mr. Martin, containing his observations on the evidence reported in your communication of the 3rd ult.

I am, Sir, your obedient servant,

E. CHADWICK,
Secretary.

J. B. Saunders, Esq.,
Clerk to the Evesham Union.

To the Poor-Law Commissioners.

Evesham, May 28th, 1846.

Gentlemen,—Not having received any formal reply as to your ultimate decision in the case of Mrs. Batson, I venture to lay before you a few observations relative to your communication to the Board of Guardians of the 4th of April; and at the onset, I cannot avoid expressing my surprise at the conclusion to which you have arrived, in direct opposition, as it appears to me, to the 10th Art. of the Medical Order, under the authority of which all surgical fees are granted. In your letter to the Guardians before-named, after going through the history of the case, and approving of the treatment pursued by me, you recommend the Board "to allow to Mr. Martin an amount of remuneration proportioned to the extent of his attendance." It appears to me that this is a paltry and pitiful recommendation, embracing no principle, settling no question, and acquiescing neither in the justice of my claim, nor in the conduct of the Board. In one of the provisions of Art. 10, of the Medical Order, it is stated that the fees therein granted are to be paid, "provided that in every such case the patient survives the operation not less than thirty-six hours;" and this refers alike to the setting of fractures as to the amputation of limbs, so that had Mrs. Batson died in forty-eight hours after my first seeing her, which would have been prior to the bone-setter's visit, I should unquestionably have been entitled to the fee that I now demand. Your recommendation also seems to me illegal, inasmuch as the said 10th Art. knows no division of the fee, which is given for the performance of certain duties, provided those duties continue for the space of thirty-six hours. I need not remind you that I attended Mrs. Batson for eight days, that there is not the shadow of a complaint against me, and that the treatment as detailed to you in my last communication has been corroborated by the surgeon whose opinion

you have obtained. I understand that the Board of Guardians have not agreed to your recommendation, and it is a duty I owe to myself to tell you, that had they agreed to it, I would not have received the paltry pittance. My object in appealing to you was not merely the obtaining the fee, though I deem that equitably to belong to me; but to vindicate the profession from an unworthy comparison, and to support the opinion of Mr. Thackwell and myself against a quack. I dare not trust myself to speak of the conduct of the Guardians; to my own mind it is utterly unworthy of a public body, but I did expect that you would have upheld the profession, and been utterly opposed to any Board of Guardians giving their sanction to the opinion of a quack whom they cannot employ, and dare not remunerate.

I am, gentlemen, yours respectfully,
ANTHONY MARTIN.

Poor-Law Commission Office,
Somerset House, June 8, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of a letter from you, dated the 28th ult., having reference to your attendance as a medical officer of the Evesham Union, in the case of Ann Batson.

I am, Sir, your most obedient servant,
E. CHADWICK, Secretary.

Anthony Martin, Esq., Evesham.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SOUTH-WESTERN BRANCH.

The annual meeting of the South-Western Branch of the Provincial Medical and Surgical Association will be held at Exeter, on Thursday, the 16th of July. The members will meet in the morning at the Athenæum, at two o'clock p.m., and dine together at five o'clock p.m., at the New London Inn.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, July 3rd, 1846:—J. Lauder; S. W. Burbury; J. Walsh; W. Evans; M. H. Clayton; E. Hall; J. Robinson; J. Yeoman; B. Lister; J. Clegg; T. James; D. P. Barry; T. B. O'Donnell.

July 10th, 1846:—D. Chalmers; J. G. Oakshott; W. Haines; H. T. L. Rooke; G. E. Treeman; A. C. Croft; R. Vardy; G. Henty; H. R. Collins.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, July 2nd:—Thomas Francis Janson, Mountsorrel; Joseph Cooper Martin, East Hotly; Robert Thornton, Hong-Kong; John Hillman, Bewdley; Robert Douglas; Edmund Welby, Apperly Day; Thomas Osborne Walker, Crick.

TO CORRESPONDENTS.

Communications have been received from Medico-Chirurgus; Dr. David Bell; Mr. Chaldecott; Medicus; Dr. Hull.

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"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Association will re-assemble, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together; and at twelve o'clock the same day a General Meeting of the Members will again be held, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Bury St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together. Further particulars of the arrangements will be given in future numbers.

Members who are desirous of communicating cases or papers to the Meeting, are requested to intimate their wishes to the Secretary of the Association, on or before the 1st of August.

The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

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Mr. C. Mitchell, 8, Red Lion Court, Fleet Street.
Mr. C. Barker, 12, Birchin Lane.

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ROBERT J. N. STREETEN, M.D.

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NOTICE IS HEREBY GIVEN, that a GENERAL MEETING of the Members of this Association, will be held at the HANOVER SQUARE ROOMS, on WEDNESDAY, the 12th of AUGUST, at Seven o'clock precisely, to receive a Report from the Provisional Committee appointed at the last General Meeting, and to adopt the necessary means for establishing the proposed National Institute of Medicine, Surgery, and Midwifery.

Members of the National Association desirous of becoming members of the National Institute, are requested to return their schedules, properly filled up and signed, on or before the 1st day of August next.

Members of the profession desirous of joining the National Institute, can obtain schedules, or any information they may require, by applying personally, or by letter, at the office of the Association, 294, Regent Street.

By order of the Committee,
GEORGE ROSS,

July 14th, 1846.

Secretary.

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AND DEIGHTON, WORCESTER.

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- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
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- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASE OF RUPTURE OF THE BLADDER: RECOVERY.

By WILLIAM CHALDECOTT, Esq., Surgeon, Dorking.

(Read at the Annual Meeting of the South-Eastern Branch of the Provincial Medical and Surgical Association, held at Ashford, Wednesday, June 24, 1846.)

The records of surgery exhibit so few instances of recovery after rupture of the urinary bladder, that probably the details of the following case may not be unacceptable to the members of our Association, affording as they do encouragement to both surgeon and patient to hope under circumstances that have generally forbid any other than the worst anticipations.

At twelve o'clock on the night of Tuesday, the 7th of April, Mr. John Philips, a wine-merchant in Dorking, a healthy and temperate man, of about fifty, having passed two or three hours at a concert, ran across the street to empty his distended bladder, and the night being dark, he did not see a newly-erected post, with the top of which the lower part of his abdomen came in violent contact. He states that he fell, and with great difficulty reached his home, which was about a hundred yards distant.

I saw him about half an hour after the accident. He was faint, and suffering severe pain over the stomach and belly, with desire but no power to pass his urine. I ascertained that none had escaped into his clothes, and my suspicions as to the nature of the mischief, were confirmed by the circumstance of nothing escaping through a full-sized catheter which was passed easily and completely into the bladder. He was placed in bed, and hot fomentations were used to the belly until re-action took place, with which came increase of pain over the stomach and abdomen. Twenty leeches were also applied, and I now passed a gum catheter, but with the same unsatisfactory result as before, not a drop of urine escaping through it. I wished to have left the instrument in the bladder, but to this the patient strongly objected, and I urged it the less from some apprehension that in his restless movements the point might be forced through the wound in the bladder; the catheter was therefore passed every three or four hours, although up to two o'clock p.m., fruitlessly.

I apprised the friends of the patient of the nature of the injury, and the extreme danger attending it, and in consequence Mr. Key was sent for. He arrived at six o'clock, which was about eighteen hours after the accident, by which time the symptoms of peritonitis had increased to an alarming degree. The belly was

painful, swollen, and tender; the pulse rapid and feeble, and the countenance anxious. Mr. Key passed a catheter, (none having been used for the previous four hours,) and about an ounce of bloody urine came through the instrument. Mr. Key concurred with me in his opinion as to the nature of the injury and the nearly hopeless prospect for the patient.

At ten o'clock I gave him two scruples of liquor opii sedativus, which after a few hours produced some comfortable sleep, and about four hours from the time of Mr. Key's visit I again passed the catheter, and drew off about four ounces of clear urine. From this time, the pain, swelling, and heat in the stomach and abdomen gradually lessened, and it was evident that the bladder now held, as on each introduction the catheter brought away clear urine.

From this time until the 13th, (that is the sixth day from that on which the accident happened,) all went on well, excepting that a smart attack of gout occurred on the 10th, although the patient had never before suffered one; but on the 13th, from a strong desire to become independent of the catheter, he made straining efforts to pass his water, and he had scarcely passed a tablespoonful, when he felt (to use his own expression,) something give way, and a burning pain all over his stomach and bowels, as if boiling water had been poured over them, and the same symptoms of faintness and distress occurred as when the accident first happened.

I saw him within a few minutes of this re-opening of the wound of his bladder, for I could not doubt but such had been the consequence of his attempts to pass his water. On using the catheter, not more than a teaspoonful came through the tube. He had now again the symptoms of peritonitis, with the addition of incessant sickness. The same plan of treatment was again adopted—viz., fomentations, leeches, and a full opiate, with calomel.

About four hours after, on the introduction of the catheter, the bladder was again found to retain the urine; and although the peritonitis had increased to a severe degree, the pain, tenderness, and sickness, gradually subsided; and by a patient submission to the continued use of the catheter for a fortnight, no more interruption to the patient's amendment occurred, excepting that the gout, which, under the use of colchicum, had nearly disappeared, again became severe, no doubt, from the fresh absorption of urine which this second accident had permitted to escape into the cavity of the peritoneum. But by this time it was presumed that the wound in the bladder had closed with sufficient firmness to allow the patient to

yield to the desire to evacuate his urine without any straining efforts.

Two months have now transpired since the commencement of the case, and he feels no other inconvenience from his accident except a dragging sensation over the abdomen, chiefly on the right side, which is much increased when he attempts to lie upon his left side. This no doubt results from adhesions, consequent upon the peritonitis.

Remarks. The manner in which the accident happened, and all the circumstances and symptoms which followed it, were to me conclusive of the nature of the mischief. If anything could suggest a doubt about the rupture of the bladder, it was the very circumstance which makes the case remarkable—namely, the recovery; but to one who watched the case, no such doubt could occur, since it must be recollected that the bladder was known to be full at the time of the accident, no urine escaped into the clothes, nor did any come through the urethra for more than eighteen hours after, and then only about an ounce, mixed with blood. If, therefore, it did not escape into the cavity of the peritoneum, what else could have become of it!

This case may range with many, in proof of what severe injury the peritoneum may sometimes sustain, and the patient yet survive. Indeed out of the evil of peritonitis, which usually renders this accident fatal, came the good of such an effusion of lymph, as no doubt glued the bladder where wounded to the contiguous viscera.

The fact of gout occurring upon the absorption of the urine which first escaped into the peritoneum, and its aggravation upon its second extravasation, is interesting as connected with the pathology of that disorder.

CASE OF ABSCESS IN THE RIGHT LOBE OF THE LIVER.

By WILLIAM NORRIS, M.D., Stourbridge.

Thomas Price, aged 29, car-driver at the Talbot Hotel, in this town, suffered severely from an affection of the kidneys six weeks; these symptoms gradually left him, and acute hepatitis immediately followed, which did not yield to the usual remedies. The constitutional symptoms were very severe, and hectic fever soon set in, with frequent shiverings, and at the end of six weeks there was a fluctuating tumour in the right hypochondrium, without any external sign of inflammation; the feverish excitement increased, and his sufferings became more and more urgent, and it appeared certain, that the disease had terminated in abscess of the liver. Under these pressing circumstances, I made an incision an inch and a half in length, through the most prominent part of the swelling down to the peritoneum; the wound was plugged with a roll of lint to keep it open, and covered with a poultice. At the end of six days a large quantity of purulent matter, tinged with bile, escaped through the wound. I passed a probe into the aperture three inches. This discharge continued flowing abundantly for a fortnight; the hectic symptoms speedily subsided; the appetite and strength returned. Seven weeks after the operation he followed his employment, and has

enjoyed uninterrupted health seven years, although the wound oozed a little thin fluid for two years before it closed.

Dr. Graves, of Dublin, says that, it is obvious for the success of the operation that adhesions of the peritoneum must be a necessary condition, for in the event of their not existing, the matter will make its way into the peritoneal cavity, and probably destroy life.

I feel greatly indebted to this eminent physician for suggesting this novel and ingenious operation, for if I had not read of the successful result of his cases, I should not have performed it; and which I consider a most important addition to the surgery of the abdomen. The operation has everything in its favour, it is quite safe and easy, and will preserve the lives of many valuable persons.

Stourbridge, July 12, 1846.

MEMOIR ON THE DIGESTION AND THE ASSIMILATION OF AMYLACEOUS AND SACCHARINE MATTERS.

By Dr. MIALHE, Professor Agrégé at the Faculty of Medicine, Paris.

(Continued from page 324.)

After having thus established the energetic action of human saliva on feculent matters, I was naturally led to examine whether this action was not communicated to it by some special principle of the nature of a ferment, and soon succeeded in isolating a particular substance, which I proceed to make known, provisionally, under the name of the "active principle of the saliva."

The active principle of the saliva is solid, white or greyish white, amorphous, insoluble in absolute alcohol, soluble in water and in diluted alcohol. The aqueous solution is insipid, or at least without marked taste, and neutral to test papers; it is not precipitated by the sub acetate of lead; left to itself it rapidly changes and becomes acid, whether exposed to the air or otherwise; the acid which is thus generated is the butyric acid, or an acid very similar to it. This principle is without action on azotized substances,—fibrin, albumen, casein, gelatin, and gluten; and on neutral ternary matters,—cane-sugar, inulin, gum arabic, and compact cellulose. It exercises on the contrary a very extraordinary action upon starch, as is shewn by the following experiments:—

Action of the active principle of the saliva upon starch:—Like the saliva, it acts differently on anhydrous and on hydrated fecula; with crude fecula it only gives rise to a certain quantity of dextrine and of sugar of starch, or glucose, after many days digestion, but the reaction is much facilitated by raising the temperature. When a mixture of this active principle of the saliva and of starch, diffused in six or eight times its weight of cold water, is heated by a water-bath to seventy or eighty degrees, the mixture does not acquire for an instant the consistence of starch-paste, each grain of fecula being rendered soluble as fast as it becomes hydrated. After a certain time the solution is no longer coloured by iodine; on the other hand, caustic potash heated with it occasions an intense brown

colour—sure signs of the transformation of the starch into dextrine, and into glucose, a fact of which we are equally assured by filtering the liquor and treating it with six or eight times its weight of absolute alcohol; the latter becomes charged with the whole of the glucose, and precipitates the dextrine. Whatever diminishes the cohesion of *secula* facilitates the action of the salivary principle upon this substance. Pounded starch is quickly changed, but starch swelled by water to the state of starch-paste, is transformed much more rapidly; the liquefaction is almost immediate if the temperature is raised to seventy or seventy-five degrees, and care taken to multiply the points of contact by agitation.

This property of the salivary principle must be ranked in the class of chemical reactions, still few in number, which operate in infinitesimal quantities. The activity of this principle is such, that one part by weight is sufficient to liquefy and convert into dextrine and into sugar more than two thousand parts of *secula*.

The molecular changes just pointed out, however extraordinary they may appear, are yet not without their analogues. A substance exists which exercises on starch a specific power exactly similar to that of the salivary ferment. This substance is diastase, or the active principle of sprouted barley, discovered by MM. Payen and Persoz. This observation led me therefore to examine, whether the new principle which I have obtained from human saliva was a substance analogous to diastase, or whether it might not be diastase itself, notwithstanding its different origin. The following is a summary of a long series of researches, carried on with the view of resolving this problem:—

Diastase is an azotized principle; so is the active principle of saliva.

A temperature of 100°, tannin, and creosote, annihilate the specific action of diastase on *secula*. These agents act in the same manner on the salivary ferment.

All the more powerful acids, all the soluble bases employed in sufficient proportion, a great many of the coagulating metallic salts, such as those of copper, mercury, silver, &c., destroy the properties of the active principle of the saliva, and produce the same effects upon diastase, as I have ascertained by very numerous experiments.

Hydrocyanic acid and weak alcohol do not interfere with the liquefying power of the salivary ferment upon starch, neither do they neutralize the active principle of sprouted barley.

All these facts are greatly in favour of the identity of the two principles, though not sufficient to resolve the question. The following experiments also speak highly in favour of this opinion:—

1. When on the one hand a mixture of pure diastase and of starch diffused through water, and on the other hand a mixture of the salivary ferment, starch and water in the same relative proportion, are submitted by a water-bath to the action of heat, the starch becomes fluid in the two cases at the same instant,—that is to say, between 70° and 75°. On filtering the mixtures, it is further seen that the un-decomposed particles of starch which remain on the filter, afford, with iodine, a red violet colour, absolutely the same

in both experiments; that the filtered liquid is no more influenced by solutions of iodine, and that it takes a brown colour, identical in the two cases, from the addition of boiling alkaline solution.

2. If equal weights of salivary ferment and pure diastase are added to hydrate of starch in excess, and the mixtures filtered, the action of potash shews that the proportion of starch changed is the same in both cases.

3. When an equal weight of these two liquefying principles is dissolved in the same proportion of water, and ioduret of starch added to each, taking care not to add more when the colour of the ioduret has been destroyed by the action of these two ferments on the starch, the proportion of the ioduret employed is found to be sensibly the same in the two cases; I may add, however, that the active principle of the sprouted barley is rarely so energetic as that of the saliva, owing to a difference in purity, that of the barley being almost always contaminated by a small quantity of dextrine, from which it can only be freed by frequent purifications, and which, from the great liability of this principle to change, are often more injurious than advantageous.

The preceding facts and observations appear to me sufficient to show the chemical identity of the active principle of the saliva, and that of sprouted barley; I prefer, however, leaving the question yet undecided, hoping to give the solution of it in a subsequent work, in which I shall investigate the saliva in a general manner, in a great number of animals belonging to different classes, proposing, in the mean time, to designate the active principle of human saliva, under the name of animal or salivary diastase, in opposition to the active principle of the cereales, which I propose to call vegetable diastase.

Preparation of Animal or Salivary Diastase.

In order to obtain this remarkable principle, we have only to filter human saliva, then to treat it with five or six times its weight of absolute alcohol, the alcohol being added as long as any precipitate occurs the animal diastase being insoluble therein, is deposited in white floculi, at first indistinct, but increasing gradually at the bottom of the vessel in which the precipitation is effected. The precipitate is collected on a filter, taken from it while moist, dried in thin layers on a plate of glass by a current of air, heated to the temperature of 40° or 50°, and preserved in a well-stopped bottle. The proportion of animal diastase existing in human saliva rarely exceeds two in a thousand, exactly the same proportion of diastase which exists in sprouted barley. Nothing is more simple and yet it is not without some difficulty that I have arrived at this result, owing to the quick and easy alteration of this principle whilst it is moist. When it is dry I cannot yet say if it can be preserved for any length of time, but everything leads me to believe that it is similar in this respect to the active principle of the cereales, for I have ascertained that animal diastase preserves all its powers after more than a month.

The preceding facts and observations admit therefore of the conclusion, that M. Dumas has recognised the true character of the chemical phenomena of digestion, in classing it as a fermentation, since the absorption of

the azotized matters is effected by means of a ferment, pepsin; the absorption of the fatty matters is very probably owing to some ferment inherent in the bile, and the transformation of the amylaceous matters is affected through the active principle of the saliva,—genuine diastase, as I have just shown.

(To be continued.)

PROVINCIAL
Medical & Surgical Journal.
WEDNESDAY, JULY 22, 1846.

The important communications from Mr. Cautrell and Mr. Martin, relative to the proceedings of the Poor-Law authorities, which have appeared in the last two numbers of this Journal, cannot but give rise to serious reflection on the part of all who are interested in the medical treatment of the sick poor. The conduct pursued towards these two gentlemen, although it may excite indignation for its injustice and commiseration for the weak and short-sighted policy which it betrays, is yet so accordant with all the previous transactions of the Commissioners and their satellites in the medical concerns of Unions, that it excites no surprise.

Whatever has been hitherto accomplished towards the establishment of an effective system of medical relief for the sick poor, or anything approaching to an equitable mode of dealing with the Union Medical Officers, has been wrung from the Commissioners, step by step, by the force of accumulated evidence, acting indeed, not upon their convictions, but upon their fears, through the searching trial of parliamentary investigation and public opinion. It is no matter of surprise, therefore, that these gentlemen should seize every occasion which presents itself to recoil from the straightforward course which is before them upon their original distorted policy. The inequitable treatment experienced by Mr. Cautrell in the refusal both by the Board of Guardians and the Poor-Law Commissioners to entertain his well-founded claim for remuneration for the services performed by him, is only, therefore, in accordance with the principles on which the Commissioners have acted throughout. They have, in all instances, shewn the determination, as far as circumstances would allow them, to extract from their medical officers arduous professional services, often performed at a positive pecuniary loss, and for which the pittance allowed in return is in no case to be called a remuneration.

The conduct of the Commissioners in the case of Mr. Martin is, in some respects, different, though traceable to the operation of the same principle; and their decision on his appeal to them to enforce justice from the Board of Guardians of the Union to which he is attached is, as he pithily describes it, "paltry and pitiful," "embracing no principle,

settling no question;" and, moreover, in direct opposition to their own general order.

A dispassionate review of these two instances of judicial misconduct on the part of the Commissioners cannot but strengthen the conviction long entertained, that they are incompetent to the discharge of at least this portion of the duties entrusted to them. Without imputing any corrupt motives, they are, to say the least, not sufficiently aware of the extent and value of the services performed by the medical officers, to enable them to do justice, and accordingly we find them in almost every instance in which their interposition is sought, acting, on the one hand, in charges brought against the medical officer, with all the rigour and despotism of a Court Martial; and in the other, in any complaint made by him, either directly siding with the Board of Guardians, or giving some such specimen of drivelling weakness and indecision, as is afforded by Mr. Martin's case.

The intention announced by the late Government to take upon themselves the payment of a portion of the salaries of the medical officers, may be expected to operate in some degree in the ultimate establishment of a more equitable system of remuneration, but the true remedy for the injustice inflicted on the medical officers under the administration of the existing Poor-Law Commissioners, is either to add to their number a Medical Commissioner, who shall have a voice in all concerns connected with the medical department, or what is better still, to relieve the Commissioners, altogether from this portion of their duties—duties for which they are manifestly not qualified, either by education or acquirement, and in the discharge of which they have all along shewn themselves altogether incompetent.

The subject is one well fitted for the serious consideration of the Provincial Association. Many of its members are Union Medical Officers, and most of them, from residence in country districts, are conversant with all the details of the question of Poor-Law Medical relief, with the nature and amount of the services required, and with the unworthy treatment from time to time experienced by the medical officers at the hand of Poor-Law authorities. What has hitherto been effected by the Association acting through its general meetings, its Council, and its Poor-Law Committees, in the collecting of important evidence, in the obtaining of a parliamentary investigation, and in certain beneficial alterations which have resulted therefrom, is well known and appreciated. More is, however, required, and we think the Association will do well to again take up the subject, and to devote its energies and powerful influence towards the attainment of some effective remedy for the evil arising out of the manifest incompetence of the present

Commissioners towards the discharge of the medical portion of their duties. Were the Government memorialized to this effect through the present Home Secretary, who is known to take an active interest in questions relating to the sanatory condition and general comfort of the population of the country, some attention to the question would probably be given, and the misconduct of the Commissioners in receiving the evidence of a quack doctor on a medical case; in issuing an official recommendation to a Board of Guardians at variance with their own general order; and, in acting on various occasions in opposition to the recommendations of a parliamentary Committee, might receive at least such a reprimand from head quarters, as should induce them to proceed with more circumspection in future.

SOUTHERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Annual Meeting of the Southern Branch of the Provincial Medical and Surgical Association was held in Dorchester on Wednesday, 8th July, George Curme, Esq., in the Chair. Present—John Wallis, Esq., Henry Alban Arden, Esq., J. P. Aldridge, Esq., Johnston Luce, Esq., Alfred Emson, Esq., Richard Harthill, Esq., and Thomas Nott, jun., Esq., Dorchester; J. Winzar, Esq., Salisbury; Edward C. Spooner, Esq., Blandford; William Sweeting, Esq., Abbotsbury; Thomas Nott, Esq., Bere Regis; &c. &c. Some preliminary business having been gone through, the president, Mr. Curme, rose and addressed the members of the Association as follows:—

Gentlemen,—In entering on the honourable office in which your kindness has placed me, I gladly avail myself of the opportunity thus afforded me, of expressing, on my own part, the high sense of gratitude and pleasure I entertain for the honour thus conferred on me; and although I might yield to many in the ability adequately to express the feelings which must actuate any one so situated, yet, I am bold to say, that no one can be more deeply sensible of your courtesy and kind feeling in placing me in this chair. On the part of the members resident in the town and neighbourhood, I am requested to thank you, most cordially, for the kind preference shown in the selection of Dorchester as the place of meeting. True it is, we have nothing particularly striking or attractive in our little town, but yet we hope sufficient objects of interest may be found to cause the short time our friends can spare to be with us, to be neither uninteresting nor unprofitable. Our hospital, though small, is considered to be well adapted and regulated, and some of the cases, we hope, are not devoid of interest. We have the nucleus of a county museum, which, through the kindness of the Managing Committee will be thrown open to our friends, and those who delight in Mineralogy or Archæology, may find something to amuse them there.

But although the external objects of interest were even fewer than they are, yet the objects of the Association

might still be forwarded: they are of a higher nature than to be influenced by these circumstances, and the benefits arising from our meetings, social as well as scientific, are very great. There is, I trust, no one now present, who will not be gratified by the cultivation of that mutual kindly feeling which should animate men of kindred minds engaged in the pursuit of the same study, and when amongst those now assembled together we recognize some of our earliest friends, it does kindle anew that sympathy of friendship and respect, which, cherished through years of absence, has been pleasingly renewed by our thus meeting together; and I would ask, who is there that can contemplate the effect of industry and talent in others, and not be stimulated with fresh ardour to avail himself of every means to raise himself in the scale of that honourable profession to which we belong?

But, from the social benefits, it may not be uninteresting to turn to the more strictly scientific results of these meetings, and to contemplate the talent which they have tended to draw forth from the members of the medical profession resident in the provinces. The addresses delivered at the anniversaries have been remarkable for research, industry, and talent, and some of the most important and valuable discoveries have been promulgated at these meetings. Let us look at the valuable papers of Addison, on the Structure and Function of the Blood Corpuscle; the researches of Ceely, on the *Variola Vaccinæ*, and numberless other monographs which might be enumerated, showing how much may be achieved by zeal, energy, and activity, and we shall be constrained to confess that our meetings have certainly not been unprofitable. Another means of fostering those principles which must ever command respect has been the publication of the biographical memoirs of eminent men. It is no less instructive than pleasing to contemplate the life and character of men who have performed the duties of their station with honour and ability. Their example has a powerful influence on the human mind, and biography thus becomes of great importance to us, when it can hold up for imitation the conduct of those individuals who have been distinguished as much for their moral worth, as for their intellectual acquirements. In no department of civilized life can the moral character be more justly appreciated than in the medical profession. In the exercise of his duties, so much depends on the honour and integrity of the medical man, that when possessed of those endowments he is deservedly entitled to gratitude and respect; while, at the same time, his character cannot be too highly estimated by his professional brethren. The memoirs which have been read exhibit the progress of individuals to the highest honours of the profession, and they cannot but stimulate each member to follow on in the same noble course, and to endeavour to work out, each for himself, according to the measure of his ability, a title to that gratitude and honour from his fellow creatures which a successful cultivation of the enlarged and beneficent science of medicine cannot fail to procure.

There has, however, of late been much of the spirit of discord and political animosity, which has tended to divert our minds from the more noble objects of our pursuit. The unjust and illiberal

conduct of the Council of the College of Surgeons, and the abortive attempts of our worthy representative in Parliament, Sir James Graham, to legislate for the profession, has not a little conduced to render our peaceful profession the arena for jealous party feeling—for discord and animosity, stirring up the most angry feelings amongst those whose aim and object should be the same. But even these things will not have been unprofitable, if they shall encourage us more to seek, in ourselves, and from our own exertions, that consideration, respect, and esteem which neither the titles of a College, nor the unjust favour of a Minister of State, can bestow upon us. We are, perhaps, too prone to look to legislative enactments to remedy evils which, by a little more exertion, might be remedied by ourselves. The Association of which we are a branch, is producing a very salutary reform. Our meeting together thus tends to encourage greater harmony and right feeling, and to change the jealousy and illiberality which too often disgrace our profession, into mutual regard and esteem. Let us endeavour to remedy the defects which arise from ourselves. Let us strive that there may be greater unanimity amongst us. Let there be a greater honesty of purpose one towards another; and, above all, let us avoid endeavouring to build our fame on the ruins of our brethren—we may rest assured it is an unstable foundation, and will, sooner or later, deceive the person who trusts in it. Legislation alone could never advance our profession. In itself, it is one of the best and most ennobling of the sciences; and let us only be true to ourselves—let us be determined that no incentive shall lead us from the straight path of rectitude and honour, and if we do not obtain the reform we have been seeking, and the reform of parchment titles and tables of precedence, we shall find that which is of far greater consequence, the approbation of our own conscience, and the approval of every one who knows how rightly to estimate the true character of mankind. I had hoped to have been enabled to give a concise retrospect of the modern improvements in surgery; but time has failed me, and I have now only to thank you for the kindness and patience with which you have heard my observations.

Mr. Winzar, one of the Secretaries of the Branch was then called upon to read the report; but that gentleman intimated that this document, which had been drawn up and left in the hands of his brother Secretary, unfortunately had not yet reached him. He regretted that, from some cause with which he was unacquainted—in all probability accident—he was unable to read the report to them; but in order that they might not be altogether disappointed, he had hastily drawn up a short sketch of the substance of what would have been reported, which, with their permission, he would read.

Mr. Spooner, of Blandford, read a most able and interesting paper on medical subjects generally, dwelling much upon Mesmerism.

Mr. Sweeting, in the absence of Mr. Fox, of Weymouth, presented a case of melanosis of the posterior part of the eye, which was extracted by the latter gentleman.

Mr. H. A. Arden presented a preparation of a tumour, which had been attached to the ribs of an old patient, and entered into a minute description respecting it.

Mr. Sweeting introduced the question of education, noticing the advantages held out by the course of tuition in the Birmingham College, the education being very superior, and the expense much reduced: he considered that the acquisition of knowledge was the best means of obtaining salutary reforms.

It was resolved, that the next place of meeting shall be Winchester; E. Lydford, Esq., President.

Mr. Curme, and Mr. Aldridge, of Dorchester, were requested to prepare a Retrospective Address on Medicine and Surgery.

It was also resolved that this meeting strongly disapprove of the continued hostility of the governing body of the College of Surgeons, to those reforms in their constitution which the progress of the age demands, and that the system which was adopted by the Council without the concurrence of the great body of the members of the College in obtaining the last Supplemental Charter, evinced a total disregard to the rights and privileges of the commonality.

Thanks were voted to the President and Council, Secretaries, residents in Dorchester, &c., and the meeting broke up.

The members then visited the Hospital, the Museum, and other objects of interest in the town and neighbourhood; and afterwards dined together. In the course of the evening much valuable and interesting discussion upon medical subjects took place.

ON THE OBJECTS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

By DAVID BELL, M.D., Physician to the Ludlow Dispensary.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am very anxious, especially under the existing state of things in regard to the regulations of our profession generally, that "The Provincial Association" should acquire and maintain a position that would do credit to the practitioners in the provinces, for unless this should be the case its members will never be able to impress sufficiently the government of the day with the urgent necessity that exists for a re-arrangement of the laws by which we are governed, and which every honourable member of our profession will, on principle, scrupulously observe, until the much-to-be desired changes are effected. I am not amongst the number who volunteer to say that the Provincial Medical Association has done no good, or rather who significantly ask—"What amount of good has it effected?" But with every disposition to approve of the progress that has been made by it towards the attainment of the five "principal objects" with which it set out, I must candidly acknowledge it to be my opinion that we must "buckle on our armour," and shew a more determined principle of overcoming our enemies, or we shall not accomplish the *fifth* and *last* "principal object." This is the grand—I would say, above all the others, the cardinal object, and to effect which will require strong efforts, and very properly so, for once effected, every thing that human laws could secure would be secured to us. Such feelings as it embraces,

once entertained by us, every necessary regulation, in a legal point of view, would be granted to us.

Since I became a member of the Association, and more especially of the Council, I have felt it to be my duty, as far as in me lay, to endeavour to promote its interests, by talking to the "General Practitioners," (surgeons, I prefer to call them,) whom I am in the habit of meeting in consultation, and in course of conversation, I am told by them that they fear we "gain no ground." Two gentlemen, very respectable members of their profession, and having very extensive practices, and who subscribe to our Association, frequently express dissatisfaction with the condition of the Journal as compared with others: and I must acknowledge that there is truth on their side, when we look at the extreme exertions that have been, and still are being made, to improve the medical periodicals of the day. This is no charge from me, let it be distinctly understood, against the Editor, the Council, or the members generally, and is brought forward for the purpose only of allowing me to draw attention to it, as one powerful means, if conducted with the same energy as its competitors, of adding to the strength and reputation of the Association; because I am quite satisfied that most provincial practitioners would prefer the Journal, emanating from their own body, to that of any other, provided it was made to contain the same amount and kind of information, that is, so far as their different positions would admit.

It may be thought a trifling reason by some, but I am nevertheless convinced of its being a good one, when I state that many (very many, I am sorry to say,) country practitioners, of no mean acquirements, which they daily exercise for the benefit of the community around them, can ill spare the guinea to join the Association, if they have to take in another journal besides our own; and, therefore, unless we can supply them with weekly medical and surgical intelligence equal to that from any other quarter, we must be without their co-operation. At the last Annual General Meeting of the Association, (held at Sheffield,) some of the members present were inclined to do away with the Journal, and made, I think, propositions to this effect, but which, I was most happy to find, did not meet with the approval of the great majority of the members, for, if they had, it would certainly have been an almost death blow to the Association—or, at the very least, would have proved a severe shock to its constitution.

In conversation with an intelligent "General Practitioner" a short time ago, I mentioned to him, in connection with some statements that he made to me, that I really thought it would be advisable to *sacrifice* the volume set apart annually for the publication of the "Transactions," and push the Journal in preference; and that I could not see why "Supplements" to the Journal might not be published occasionally, for the purpose of bringing before the members the papers read, and matters of business transacted, at the annual meetings; and also that at those periods other materials for the Journal might stand over for a time, as is the custom with periodicals generally, from time to time, when pressing matters come upon them. This seemed to meet my friend's approval, who has been a steady member of the Association from its commencement. Unwilling to stake my own opinions until tested by others, I thus hope that a spirit of

egotism will not be considered as bearing upon my coming forward at *this proper* period with my remarks.

Another gentleman of considerable importance in general practice, has frequently urged upon me, as a reason why he did not join our Association, that it appeared to him the admission of members depended as much, if not more, upon their subscription than their qualification, and that until he could be assured that properly qualified men only were admitted to the list of members, he could not possibly sanction it by his name. Now, I must admit, that this is a valid objection, *if there be just grounds for it*; and it certainly behoves the Association to be careful to admit none other than qualified members—in these times especially, when we are so urgently decrying every thing like illegal and empirical practice. For my own part, my dislike to even every approach to quackery is so strong, that I would not allow my name to remain with any Association that did not use every effort to discountenance it, whether in its direct or indirect operation; and here it might not be improper to allude to "The National Association," that has been recently formed, and which is pursuing with so much zeal, a course, that I cannot help thinking, will prove most detrimental to the profession; for I suppose it must, if it attain its object, legalize many persons who have not had a proper professional education, and effect the further consequence of *firmly* establishing a *third* grade in the profession, which, in our advanced state of education, general and professional, should not exist, and which, in fact, we have been endeavouring for some time to *throw off*. It will readily be understood that I also here allude to "The Apothecaries' Company," which (with every respect be it spoken,) has, I should hope, nearly lived its time, and should *not* certainly be re-established under a *different* name; and it will be an important part of its duty, in my humble opinion, for the Provincial Medical Association to prevent this, if it be possible, and to use every effort to *elevate* the members of the profession, by insisting upon the maintenance of *two grades only*, the physician and surgeon. If the Apothecaries' Company still wish to exist, however, in some shape, (for they seem to be very tenacious of life,) I would suggest to them what appears to me to be a very proper, and what I would call their only legitimate, duty—viz., that they should ask for powers to enable them to take under their guidance and direction the chemists and druggists, and see that none of this class of men are allowed to commence in business until they have undergone an examination, and thus given proof of their capability to engage in the important duties that devolve upon them, and for the proper performance of which the medical profession and the public have at present no sufficient guarantee.

There is indeed a great deal to be done before men of high and honourable feelings can have anything like pleasure and comfort in the practice of our at once dignified and truly useful calling; and unless there should be a beginning made somewhere, nothing but dissatisfaction can be the daily portion of every man of moral rectitude, and *correct professional* principles, practising medicine, especially in the provinces. I mean, then, with all humility, to suggest that the Provincial Association do at once adopt such

measures as will enable its members, (who are qualified to practise their profession, each in his proper department,) to calculate upon that support from it which they may need in the defence of their characters as men, and as members of a liberal profession. Regulations, of which the following are, of course, mere outlines or suggestions, might be made:—

First—That a physician, who has been elected to a public institution as such, and wishes it to be understood that in his private practice he acts in the capacity of a physician only, should not be allowed to meddle, in any way, with general practice, to the injury or disadvantage of the surgeon or general practitioner, (which last name, by the way, I very much dislike to use.)

Secondly—That a surgeon, practising generally, having the degree of M.D. from a University, or a license from the College of Physicians, should not be allowed to call himself *physician*, and practice in the *double* capacity, any more than that the physician ought not to be permitted to interfere with surgical or general practice.

Thirdly—That any physician or surgeon having been discharged from a public institution for immoral or improper professional conduct, should no longer be met in consultation by the members of the Association; and also, if it can be satisfactorily made out that in private practice their conduct has been glaringly *unprofessional*, or immoral, or both, they should be similarly treated.

Fourthly—That no countenance should be given to the use of titles *other than will denote the grade* in which the parties practice, for it is not uncommon, I believe, for men having an M.D. degree, or a licence from the College of Physicians, practising as surgeons, &c., to call themselves doctors, and thus pass off for physician, surgeon, &c. &c., to the injury alike of the physician, who practises strictly as such, and the “general practitioner.”

I am glad to find that Dr. Hull, of Norwich, has drawn your attention to this last particular, and as he is resident in the town where the annual meeting is to be held this year, I hope he will attend to this and similar matters. I am glad also to find that the meeting of the Bath and Bristol Branch has come to resolutions likely to bring the affairs of the Association in review before this meeting. The London College of Physicians has, I am sorry to say, done itself no credit by the manner in which it has lately granted extralices to surgeons,—general practitioners,—many of whom still continue to practice as they did before they became licentiates, and in addition usurp the position of consulting men! How unlike the doings of this exalted body in days gone by, when even too stringent regulations were firmly adhered to, thus to allow men practising every department of the profession, to have the sanction of their license, which it has been certainly understood, was for “pure,” physicians only. A question may here be asked—Are these men entitled to place MD. *after their name*? They hold a license, but it confers no degree!

It cannot but have been observed by all, how forbearing “the physicians,” (strictly practising as such,) have been during all the agitation that has existed to secure reform for the medical profession, and it might

not be uninteresting to inquire to what their forbearance can be attributed. Has the different nature of their education any share in it?—for this certainly is, or at least ought to be, more extended in general as well as special acquirements, than that of the man who practises with the understanding that he has a *second* opinion to resort to; or is there an objection to agitation in their minds, or do they feel satisfied with things as they are? Be their reasons what they may, I would just remark, that *their* interests have not been much, if at all considered, for the whole cry of late has been in behalf of “the general practitioner,” and it is painful to many as well as myself, I am quite satisfied, to observe this latter highly useful class of men, many of whom are an ornament to society, exerting all their powers to secure an incorporation on their own behalf, which can only tend to degrade instead of to benefit them, whilst they ought to be maintaining a constant and unwearied struggle to gain admission, on fair terms, to the College of Surgeons.

We have just witnessed in the political world what a “League” has done in our agricultural and commercial affairs, and without any reference to the politics of this body, I may venture to say, that if our Association be true to itself, no reasonable professional reform will be refused to the medical profession. We need not *fresh* institutions. We only want our existing ones properly re-arranged to the existing or present wants of the profession. “Tempora mutantur et nos mutamur in illis.” Very applicable to our condition this is. We have advanced in knowledge as circumstances have allowed us, and though our foundation is still the same, we must have superstructures, with such compartments and furniture, as will be suitable to the acquirements of the minds of the day.

In conclusion, allow me to state, that I have not been connected with medicine for a period of nearly twenty-three years, without being made fully aware, that many *irksome* and *trying* accompaniments are, and must of necessity be, the daily lot of its professors; but to lessen the influence of these upon our minds, we ought certainly to be armed with such securities from our Colleges and Associations, as will enable us to call upon them to support us in the defence of our moral principles, as well as our honourable professional conduct towards our brethren, whether it may be to promote their good when they deserve this, or to censure their *unprofessional*, dishonourable, or immoral practices, as the case may be.

I am indeed sorry that it will not be in my power to be at the annual meeting at Norwich, or I certainly would make it my business, if no one better qualified could be found to undertake the duty, to bring these matters before it; but I trust my remarks may be published in the Journal, and thus to be the means of drawing the attention of the Association to what I consider of very vital importance to its well-being, and that of the profession.

I am, Sir,

Your obedient servant,

DAVID BELL.

Ludlow, July, 1846.

Selections, &c.

IODIDE OF POTASSIUM IN HYDROCEPHALUS.

The following case of congenital hydrocephalus, successfully treated by the iodide of potassium, is recorded by Dr. Barbour, of St. Louis:—

The head of the patient at birth, was unusually large, and the fontanelles were widely separated, the membranous portions being quite protuberant, and imparting the sensation of fluctuation. The above conditions had existed from the birth up to the time of Dr. Barbour's visit, and the child had had frequent convulsions, and occasional paralysis. The mother stated that the physicians whom she consulted in England pronounced the case to be dropsy of the brain, and were of the opinion that he could not live. The following was his condition when Dr. Barbour saw him:—His head was of monstrous size; the fontanelles were very large, the anterior being at least three inches in diameter, and occupied by a large fluctuating tumour, which was elevated about an inch above the level of the cranium, and appeared to depend not only on fluid in the lateral ventricles, but also on the surface of the brain, as compression with the hand evidently very greatly oppressed the brain. The sagittal suture was widely open, and all the bones of the head were quite moveable and compressible. His neck was very remarkably emaciated and slender; so much so, that the weighty head could only be sustained by the shoulder, on which it constantly leaned. Chronic diarrhœa also existed, associated with general emaciation, especially of the inferior extremities, tumid abdomen and irritative fever. He presented, indeed, the most prominent symptoms of marasmus, in connection with the hydrocephalic condition.

The following is an outline of the treatment Dr. Barbour pursued. With the view of improving the secretions, and restraining the bowels, he administered the following combination:—*R. Hydrarg. cum creta, dr. ss.; Pulv. Doveri, grs. xv., made into twelve powders, of which one was given every sixth hour. During the use of the above it became necessary to give mild aperients occasionally, to relieve the torpor of the bowels. With the view of promoting the absorption of the fluid in the brain, and at the same time of improving the general constitution, the following solution was administered:—R. Potassii Hydriod., dr. ss.; Aquæ destil., oz. ij.; a teaspoonful thrice daily. Dr. Barbour also applied a blister to the poll, and directed frequent affusion of cold water over the head. This course, with but slight variation, was continued for about six weeks, and the result was highly gratifying:—the secretions rapidly improved; the irritative fever gradually yielded; the head day by day diminished in size; the fontanelles became gradually reduced to a natural size; the convulsions did not recur; and the little boy, having gained flesh, strength, and complexion, left St. Louis, apparently perfectly well. The author observes, that his great reliance in the treatment of the above interesting case, was upon the hydriodate of potass; and his object in communicating it to the profession is, to contribute additional testimony of the very great value of iodine and its preparations, hoping that some inexperienced or prejudiced reader, who may think it safest to pursue the old*

beaten track of therapeutics, may profit by it.—*Boston Medical and Surgical Journal, in Ranking's Abstract.*

BRUCINE IN OBSTINATE PARALYSIS.

Brucine is substituted by M. Bricheteau for strychnine, in the treatment of obstinate paralysis remaining after an attack of apoplexy, with equally good effect, and with the additional advantage over strychnine of the being able to employ it in larger doses without danger of fatal accidents. A man was received into hospital with hemiplegia of the left side, sensible alteration of the intellectual faculties, and almost complete deafness, the sequelæ of a former attack of apoplexy. On the day of his admission he was treated by brucine in the dose of a centigramme, and infusion of arnica was prescribed for drink. The first day the patient perceived nothing particular; the second day he took two centigrammes, increasing the quantity by one centigramme daily, until the effect of the medicine became evident. When carried to the dose of ten centigrammes, the following effects were perceived:—One hour after taking the brucine pills, the patient experienced a general heat, and particularly in the thighs and ham; this heat was attended by a general susceptibility. To these first symptoms succeeded regular convulsions, returning at intervals, and causing strong muscular contractions; at the same time there was redness of the face and headache, the patient nevertheless preserving his reason. The convulsions lasted about an hour, but there was no trismus; they were followed by lassitude in all the limbs, and an irresistible desire to sleep. This patient took the brucine for three months and a half or nearly four months, at the end of which time he was able to walk without support.—*Gazette Médicale de Paris.*

LOCAL TREATMENT OF CERTAIN DISEASES OF THE SKIN.

M. Cazenave frequently prescribes with success the employment of simple acidulated lotions in certain of the slighter forms of acne, lichen, pityriasis, herpes, and even eczema; or still more, especially in impetigo after the crusts have fallen off, he has recourse with advantage to the following application of alumina:—Take of alum, 8 grammes; infusion of provence roses, 500 grammes. The dose of the aluminous salt is sometimes increased according, to the case, as far as twelve grains, but the lotion which succeeds best with these several affections is unquestionable a mercurial lotion, to the secret preparation known by the name of similar Gowland's solution, and still more to the mercurial emulsion of Bateman. After many trials, M. Cazenave finally adopted the subjoined formula:—Take of bichloride of mercury, 10 centigrammes; hydrochlorate of ammonia, 10 centigrammes; almond emulsion, 250 grammes: to make a solution. When the eruption in eczema is entirely chronic, M. Cazenave then directs frequent lotions with the following mixture:—Take of nitric acid, 25 drops; hydrochloric acid, 25 drops; distilled water, 300 grammes: mix by shaking.—*Gazette des Hôpitaux.*

INGUINAL HERNIA: NEW MODE OF EMPLOYING THE TAXIS.

Elizabeth C., aged 40 or 42 years, of sanguine temperament, and in good health, had an inguinal hernia, on the left side for two or three years. It inconveni-

enced her very little, and until the present occasion, she reduced it herself when pain occurred with the greatest facility.

At the beginning of December, 1845, the hernia became strangulated and irreducible. Dr. Grynfeldt was called in, and by appropriate treatment the danger disappeared in a few hours. On the 25th of December, after trying to lift a load of corn, the hernia came down again, which did not prevent the patient continuing at work, kneading bread without pain; but after ceasing work she suffered much, and took a bath for three hours without relief. She continued in this state till the 2nd of January.

On the morning of this day, the tumour was found to be the size of a small hen's egg, and as well as the whole of the lower belly in the vicinity of the hernia, very painful to the touch. The pain extended even to the umbilical region. There were efforts to vomit, and the pulse was strong and frequent. Every attempt at reduction proved fruitless. She was bled abundantly, had a bath for three hours, then a large cataplasma, and two emollient liniments.

In the evening the hernial symptoms continued, the abdomen was more painful, there had been syncope and bilious vomiting during the day. The taxis was impossible, the necessity of the operation was urged, but the performance of it delayed; leeches and cataplasms were applied.

On the morning of January 3rd, the patient was in great danger; there had been little sleep during the night; the tumour and the abdomen more painful; repeated vomiting; slight but frequent syncope; pulse small and without force. Unsuccessful efforts were made by Dr. H. Barrès to reduce the hernia. In the evening, in spite of the dangerous state of the patient, Dr. Grynfeldt did not dare to perform the operation, in consequence of the aversion of the people to cutting instruments, but the following new method of employing the taxis suggested itself:—

The thighs were bent as much as possible on the pelvis, leaving the tumour so that it could be easily laid hold of. The loins, thorax, and head were bent forward as much as possible, so that the body was in a manner doubled. In this position it will be easily conceived the abdominal walls were in the most complete state of relaxation. Then, with the fingers of the left hand, the hernial tumour was seized at its base and slightly compressed, and at the same time, with the right hand, the integuments of the abdomen were drawn up as much as possible in the neighbourhood of the ventral orifice of the inguinal canal, and by a simultaneous movement of the integuments, aided by the sensation of the fingers properly supporting the parts, traction was produced on the strangulated intestines, with the effect of drawing them back within the abdominal cavity. At the first motion, Dr. Grynfeldt had the satisfaction to feel under the left hand, which supported the hernial tumour, the motion of the fecal matters and gas contained in the strangulated portion of intestine, combining the pressure of the hernia with the traction of the intestines in the abdomen. Reduction occurred in a few instants.

The operation consists in drawing the strangulated portion of intestine into the abdominal cavity, instead of endeavouring to force it back; and believing this

process to be new, it rests with practitioners to appreciate its advantages.—*Revue Médicale*.

MODE OF ASCERTAINING THE ACTIVITY OF DIGITALIS.

Much of the varying effects of digitalis and other vegetable medicines is probably owing to the varying degrees of power and activity of these remedies. The following process for ascertaining the degree of digitalis has been suggested by M. Falken, a pharmacist, at Rebo:—Fifty centigrammes of the powder of the leaves of digitalis are infused for an hour in boiling water; when strained and cool, from twenty to thirty drops of a solution of ferrocyanide of potassium, in the proportion of seventy-five centigrammes to fifteen grammes of distilled water, are added; if the digitalis is active, the infusion becomes gradually turbid; but if it does not become turbid in from ten to fifteen minutes, the digitalis under trial may be considered as deficient in strength.—*Froriep's Notizen*, in *Gazette Médicale de Paris*.

CHARGE OF MANSLAUGHTER AGAINST A DRUGGIST: CORONER'S INQUEST.

An inquest was held on Friday, July 4th, before A. B. Bone, Esq., coroner, to inquire into the death of Mrs. Elizabeth Munro, of Garden-street, Morice Town, Plymouth. The following evidence was adduced:—

Mary Ann Hillier had known the deceased about nine months. She was the wife of a superannuated shipwright in the dockyard, and sixty-eight years of age. She complained of a relaxation of the bowels. Last Saturday week, in the evening, Mr. Rowe, druggist, of Morice Town, came to see her. She told him she had had a relaxation, but the discharges were not natural, it was a discharge of blood. Mr. Rowe said he would send something, and some pills and a draught was sent in about half an hour afterwards. Both were administered by the witness. The following morning Mr. Rowe again visited her, and continued to do so daily until last Sunday. The relaxation had ceased on the Tuesday after she was taken ill. On the next day she became sick, and purged very much. She complained of pain across the pit of her stomach. On Sunday last Dr. Budd visited the deceased. Three other medical gentlemen came in about half an hour afterwards, and an operation was performed on her by Mr. May.

Elizabeth Munro, the daughter of the deceased, had recommended her mother to send for Dr. Budd, but she said she had perfect confidence in Dr. Rowe. She became ill in the first instance about last Thursday week. On the following Thursday she recommended her mother to send for Dr. Budd, but she did not send for him until last Sunday. He attended her on that day and the following. Her mother died a few minutes after six on Tuesday morning. On Sunday evening an operation was performed, but witness was not present. During the illness of her mother Mr. Rowe saw her each day, and sometimes twice a day, and he continued to do so until Sunday morning last, when he told her there was not the least danger—he would venture his life that if she only attended to his prescriptions she would recover. He told witness it

was not necessary to send for Dr. Budd. My mother continually vomited. The matter was of a yellowish colour. She did not vomit any blood. The vomiting continued without intermission, day and night, for three days. She brought up about a quarter of a tea-cupful each time. On the Thursday or Friday the deceased proposed that Mr. Rowe should look at the vomiting. She asked him if he did not think it was her excrements coming upwards instead of downwards. She had no motion. After Thursday or Friday deceased proposed an injection, but Mr. Rowe did not think it necessary, but he would send a draught to occasion a motion. He did so, but it had no effect on her. She continued very low, and Mr. Rowe said he had no objection to an injection, but he would send some powders, to be taken every hour, and if that had no effect the injection should be used. After its use the only result was a few crumblings on the surface of the liquid. The powders had no effect whatever.

Mr. Joseph May, surgeon, said, on Sunday afternoon last Dr. Budd requested his attendance at No. 18, Garden Street, where he found that gentleman sitting at the bedside of the deceased. He found the deceased very weak, her pulse quick and small, and she suffered from great pain in the stomach, with repeated vomiting. He suspected the existence of hernia, and immediately threw aside the bedclothes to examine her person. He found the uppermost part of the right thigh was swollen to the size of an ordinary lemon. Upon the advice of Dr. Budd, and two surgeons, an operation was performed on the deceased. Upon dividing the skin on the upper part of the thigh on the right side immediately over the tumour, he found the sac of the hernia of a dirty chocolate colour, and on making an examination, it burst, and gave vent to some dirty pus of a disagreeable odour. The portion of the intestine that was strangulated presented itself to view. It was black and mortified. There immediately followed a large flow of excrement. After the operation she no longer vomited, nor did she suffer from pain of the stomach, but she continued gradually to sink, on account of the operation being too long delayed. He attended upon her from that time until her death. The deceased had died from hernia, having been strangulated for several days before an operation was performed. In his opinion the death had been occasioned by the delay of the operation. With proper care and attention from a surgeon such a disease ought to be detected. Medical men never trust to medical means to reduce hernia.

Mr. Swain said he would corroborate the evidence of Mr. May in every particular. A very inexperienced student in medicine would, if he found a woman vomiting, hiccupping, and with great pain and tension of the stomach, which the deceased had, without being told, examine the groin, to see whether there was femoral hernia or not. The omission of so doing would display gross ignorance.

The Coroner, in summing up, quoted cases to show that persons practising surgery not duly qualified, and death resulting from gross ignorance thereby, were considered in the eye of the law guilty of manslaughter; but if the jury were of opinion that the death of the deceased had not resulted in consequence of such gross ignorance, then their verdict would be death from natural causes.

The jury, after a short deliberation, returned a verdict, that "The deceased died from strangulated hernia, and from NATURAL CAUSES."

An inquiry into the circumstances of the case afterwards took place before the Devonport magistrates, in which the evidence of Dr. Budd was obtained.

After some consideration the magistrates decided that it was a case which ought to be investigated before a higher tribunal, and the defendant was committed for manslaughter, to take his trial at the Exeter Assizes.

KENT MEDICAL BENEVOLENT SOCIETY.

The fifty-ninth anniversary meeting of this Society was held at Canterbury, on Wednesday, the 8th of July; F. H. Sankey, Esq., President.

Allowances for the ensuing year were granted to nine applicants, amounting together to the sum of £215.

The gratifying announcement, that the permanent stock of the society amounted to six thousands pounds, three per cent. consols, led to the consideration of the propriety of extending its benefits, and a resolution to the following effect was unanimously adopted:—

"That a general meeting may grant relief under circumstances of peculiar distress, to any member or his family, *at any period* after his joining the society, provided he has done so previous to his attaining the age of thirty-five years, and that two-thirds of the members present approve of such grant."

An annual subscription of one guinea for ten years, or the payment of the sum of ten guineas, will still be requisite to entitle to the benefits of the Society, by any person who may join the society after he has attained the age of thirty-five years.

Assistance to the amount of nearly eight thousand pounds has been afforded by this society to thirty-four members or their families since its institution.

TITLE OF DOCTOR.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me to thank you for having inserted my notes on this subject and a reply. To the author of this response I cannot but also feel grateful, since it assures me that there are "many valuable members," who would secede, if the question of the claims of the pure physicians were mooted. To me the divisions of medical practice appear necessary for the good of the public, the advancement of science, and the welfare of medical men themselves. The matter is vital to the profession; and it is well to know that the harmony and integrity of the Provincial Society depend upon the tacit assumption that it is one of General Practitioners.

I remain, Sir,

Yours, very obliged,

ROBERT HULL.

Norwich, July 8, 1846.

shall pay the sum of one guinea annually. A further fee of one guinea being required, on entrance, of such gentlemen as shall join the Society after the commencement of its operations; and that all subscriptions be paid in advance. 9. That the meetings of the Society shall take place twice in the month, on the Tuesday evenings, (alternately with the Medico-Chirurgical Society,) from October to June inclusive. 10. That all legally qualified practitioners, and persons distinguished in other departments of science connected with medicine, shall be eligible for nomination as resident members. 11. That practitioners residing beyond the distance of ten miles from the Post-office, be associated with the Society as non-resident members, on communicating their wishes to the Council,—upon whose recommendation they will become eligible for election. That non-resident members shall pay a life subscription of two guineas. 12. That the Council shall from time to time recommend to the Society for election as honorary members, distinguished cultivators of pathological science resident in this or other countries. 13. That all elections shall be by ballot, and the votes of one half the members be necessary to the validity of the election. No election shall take place unless twenty-five members be present. 14. That any gentlemen wishing to become a resident member, shall be recommended on personal knowledge by not fewer than three members. The recommendation after being read, shall be placed before the Society during two consecutive meetings, the ballot taking place on the third from that at which the nomination is made. 15. That if any candidate be unsuccessful at the ballot, he shall be considered ineligible for re-nomination for twelve months. 16. That all the officers of the Society shall be elected annually, by ballot, and that no member be deemed eligible for the office of President or Vice-president, more than two years in succession. 17. That on the night of the first meeting of the Society in January annually, a general meeting of the members shall be held, for the election of its officers for the year ensuing; and for the reception of a statement of the receipts and expenditure during the past year. The Council shall have the power of convening a general meeting of the members whenever they may deem it expedient. 18. That the Council of the Society shall meet once a month for the transaction of its ordinary business—five members to form a quorum.

MR. MARTIN'S CORRESPONDENCE WITH THE POOR-LAW COMMISSIONERS.

[The following letters, being the conclusion of the correspondence between Mr. Martin, of Evesham, and the Poor-Law Commissioners, relative to the refusal of the Evesham Board of Guardians of the customary fee for attendance in a case of fractured thigh-bone, were not received until too late for publication with the former part of the correspondence.]

To the Poor-Law Commissioners.

Evesham, July 4th, 1846.

Gentlemen,—Your decision in the case of Ann Batson is to me so unsatisfactory, and so opposed to

all just adjudication, that I feel it due to myself to publish the whole correspondence. It forms one other item in the long list of enormities that are so frequently perpetrated against the Profession, and which will some day result in the removal of the medical department of the Poor-Law from your administration.

I am, Gentlemen,

Yours respectfully,

ANTHONY MARTIN.

Poor-Law Commissioners Office,

July 7th, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your further letter of the 4th inst., having reference to your attendance as a medical officer upon Ann Batson, residing in the parish of All Saints, in the borough of Evesham, in the Evesham Union.

I am, Sir,

Your most obedient servant,

W. G. LUMLEY,

Assistant Secretary.

Anthony Martin, Esq.,

Surgeon, Evesham.

ROYAL COLLEGE OF PHYSICIANS.

Dr. James Risdon Bennett and Dr. W. Baly have been elected Fellows of the Royal College of Physicians.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, July 17th, 1846:—C. O. West; R. J. Squire; W. L. Norris; G. D. Haslewood; W. H. Colborne; G. C. Leathes; J. M. A. T. Croft; J. E. Wood; E. Fletcher; C. Nattraas; G. Peckett; and J. Nuttall.

Admitted Monday July 20th:—H. Peckett; W. S. Stiven; G. Hawkesford; J. Yates; J. Kempthorne; G. W. P. Sparrow; C. R. Matthew; W. Knowles; H. Hides; J. Hooper; and J. J. Roughton.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, July 16th:—Charles Rooke Prance, Plymouth; Benjamin Miller, India; Walter Young, St. Ives; Robert Smart, Bristol; John Foster, Sheffield; Edward Cripps, Cirencester; Robert Niblett, Gloucester; Joseph Samuel Lavies, Westminster.

TO CORRESPONDENTS.

Communications have been received from Dr. England; Dr. Fife; Mr. Anderton; Dr. Dillon; Dr. T. H. Barker; Mr. Mennell.

Medicus, Liverpool:—The suggestion shall not be lost sight of; but the subjects are too extensive to admit of immediate compliance with the request.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

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"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Solio.
Worcester: DEIGHTON, High Street,

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held in St. Andrew's Hall, on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Association will re-assemble, in St. Andrew's Hall, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together at the Assembly Rooms, Tickets two shillings and sixpence each; and at twelve o'clock the same day a General Meeting of the Members will again be held at St. Andrew's Hall, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Bury St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together at the Assembly Rooms, Tickets for the Dinner, £1 each, including Wine, Coffee, &c.

Members and Visitors, on arriving in Norwich, are requested to apply at the MEDICAL LIBRARY, situated at the Museum and Literary Institution Rooms, St. Andrew's, Broad Street, where, on registering their names, they will be supplied with Tickets of admission, not only to the Meetings of the Association, but also to such Scientific and Charitable Institutions as may be deemed worthy of attention.

The principal Hotels, conveniently situated, are the Norfolk, the Royal, the Bowling Green, the White Swan, and the Rampant Horse.

Further particulars may be obtained by addressing Mr. CHATER, Surgeon, King Street, or Mr. J. BAILLARD PITT, Surgeon, St. Stephen's Street, who act as Honorary Secretaries to the Committee, in Norwich. Lodgings can be obtained if required.

Gentlemen who purpose attending the Breakfast or the Dinner, are requested to make early application to Mr. CHATER, or to Mr. J. BAILLARD PITT, that the arrangements may be completed. Those gentlemen who have not previously received Tickets to the Breakfast and the Dinner, can obtain them only at the Medical Library Room, where a person will be in constant attendance during the days of the Meeting.

The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JULY 29, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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1846.
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THE SESSION of 1846-7 will commence on THURSDAY, the 1st of OCTOBER next, when an INTRODUCTORY LECTURE will be given at Two p.m., by J. R. W. VOSE, M.D., Physician to the Infirmary.

WINTER SESSION.

Anatomy, Physiology, and Pathology—R. Formby, M.D., and Mr. Long.
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Chemistry and Pharmacy—R. H. Brett, Ph. D., F.L.S.
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Principles and Practice of Physic—Joseph Dickenson, M.A., M.D.
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Clinical Medicine and Morbid Anatomy—J. R. W. Vose, M.D.
Clinical Surgery and Morbid Anatomy—Mr. Cooper.

SUMMER SESSION.

To commence May 1st, 1847.
Botany—Dr. Dickenson, F.L.S., and Dr. Inman.
Midwifery, and Diseases of Women and Children—Mr. Batty.
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THE LAWS OF THE RAY SOCIETY.

I. THAT this Society shall be called "THE RAY SOCIETY;" and that its object shall be the promotion of Natural History, by the printing of original works in Zoology and Botany, of new editions of works of established merit, of rare tracts and MSS., and of translations and reprints of foreign works which are generally inaccessible from the language in which they are written, or from the manner in which they have been published.

N.B.—It will be a direction to the Council that they shall not print anything that appears to them suitable to the transactions of established societies, nor any work which a respectable publisher shall undertake to publish without charge to the author.

II. Every subscriber of one guinea annually to be considered a Member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no Member shall incur any liability beyond the annual subscription.

III. That the annual subscriptions shall be paid in advance, and considered to be due on the 2nd day of February in each year; and that such Members as do not signify their intention to withdraw from the Society before the 2nd day of June, shall be considered to continue Members, and be liable for the year's subscription.

IV. The management of the Society shall be vested in a Council of Twenty-one Members, of whom one-third shall have their stated residences in London, and all of whom shall be eligible for re-election at the annual meeting.

V. That the Council hereafter shall be elected by the Members, at a meeting to be held at the time and place of the meeting of the British Association for the Advancement of Science, and that no Member whose subscription is in arrear be allowed to vote at any meetings.

VI. That the Council shall elect two Secretaries (one of whom shall be resident in London), and a Treasurer, who shall *ex officio* be Members of the Council.

VII. The annual subscription shall be deposited in a chartered bank, in the name of the Treasurer and two Members of the Council.

VIII. The accounts of the receipt and expenditure of the Society shall be examined annually by two Auditors appointed by the Council; the Auditors to be Members of the Society, who are not Members of Council, and their statement circulated among the subscribers.

IX. That the number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual Subscribers who shall have been enrolled, and paid their subscriptions, on or before the 2nd day of June.

X. That the Editors of works published by the Society be entitled to a number of copies, not exceeding twenty, as may be decided by the Council.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

TABLE OF DISEASES TREATED BETWEEN THE 24TH OF FEBRUARY, 1843, AND THE 31ST OF JANUARY, 1846.

By GEORGE FIFE, M.D., Newcastle-upon-Tyne, late
Physician to the Sunderland and Bishop-Wearmouth
Infirmary.

(Continued from page 254.)

The cases placed under the head "Climacteric Disorder," consisted of all those general and local derangements incidental to the disappearance or cessation of the periodical function of the uterus. Of these, three only require notice at present, viz., *neuralgia*, *menorrhagia*, and *leucorrhœa*.

The first, from experience, I am inclined to believe of very common occurrence, and from its liability to be confounded with more serious disease of the organ, it deserves particular consideration, as by its correct diagnosis a great deal of physical suffering and mental anxiety may be avoided. For this purpose it is absolutely necessary to subject the patient to special examination; in no case, however, have I found it requisite to resort to that much abused, though invaluable instrument, the speculum, the simple and ordinary manual examination having invariably proved adequate to the exigency. The great source of fallacy has appeared to me to consist in the character of the pain, which in many instances has borne the most close resemblance to that of scirrhus disease, being acute and lancinating, and frequently attended by considerable sense of heat in the parts; it also extended to the back, and was accompanied by the dragging sensation so very common in the latter case. The peculiar *central pain* on sitting was, however, rarely present. On examination, the os and cervix were found free from induration or hardness, but not uncommonly presented some degree of tumefaction.

The treatment comprised alteratives, gentle aperients, colchicum, and anodynes, with the warm or hip-bath. In some cases, in which the internal pain was very severe, the greatest relief was derived from the employment of a solution of the extract of conium, used warm.

Menorrhagia calls for notice only so far as the treatment is concerned, which was varied according to the general constitution of the patient, more especially as regards the presence of *anæmia*, or *hyperæmia*. In both cases it may be properly divided into two parts—that during the attack, and that in the intervals between the attacks of hæmorrhage. In both cases the ergot of rye proved infinitely superior to any other means of diminishing or arresting the flow of blood, and most fully realised the confidence which for many

years I have reposed in it, being altogether free from the objections which exist both to the acetate of lead with opium, and the alum, neither of which medicines do I now use in such cases. It is only necessary to state, that the treatment during the intervals consisted, in the one case in improving to the utmost the vigour of the system, by tonics, chalybeates, cold bathing, exercise in the open air, and a nutritious diet, with wine, or malt liquor; whilst, in the opposite state, plethora was lessened by the indirect and gradual depletion effected by the continued use of cathartics, a carefully restricted and cool diet, exercise, and occasionally cold bathing where the plethoric state was removed. In no case was general bloodletting employed; which practice, however immediately beneficial, I consider, except in some very urgent cases, not only of no real utility, but, on the contrary, most decidedly and ultimately injurious, by increasing the evil which it was intended to remove.

Leucorrhœa was of frequent occurrence at this period of life, and was found to depend on the usual causes, both as regards the uterus and system at large; such causes calling for a corresponding deviation from any general plan of treatment. When connected with inflammation of the uterus, leeches to the groins were used with decided advantage, and the conium injection both relieved the concomitant pain, and also permanently lessened the inflammatory action. Astringent injections were most studiously avoided, even where relaxation alone existed, the only one employed at all being the decoction of oak bark, to which the conium was frequently added. Many of the cases had been aggravated by the employment of the preparations of lead and zinc, previous to my being consulted. In these cases, as in menorrhagia, the ergot of rye, in fifteen-grain doses, with carbonate of soda, proved signally useful in restraining the discharge. One circumstance connected with the ergot in menorrhagia requires to be mentioned,—it is the supervention of well-marked symptoms of peritoneal inflammation where the discharge was suddenly and totally suppressed. How far this is to be attributed to the mere cessation of the hæmorrhage, or to the peculiar action of the ergot, I am not prepared to decide, but certainly think that the latter may have enacted a principal part in the production of the symptoms. In one case, where the hæmorrhage was very severe, and suddenly ceased after a drachm of the ergot, in scruple doses, had been taken, the inflammation ran high, evidently commencing in the uterine membrane, and diffusing itself over that of the abdomen, for which the most active

treatment was required, and the woman had a very narrow escape. If the views of M. Mialhe on the action of the ergot be, as I in a great measure regard them, correct, there can be little doubt that the ergot alone might lead to such consequences.

The diseases of the uterus and ovaria are by far too important to justify a mere cursory notice, and must therefore be reserved for future and more careful consideration than can now be bestowed on them.

In the table are marked nine cases, under the title of *Vaginitis* and *Ulcers of the Vagina*. These cases are interesting from the period of life at which they occurred, and also from their great importance in a medico-legal point of view.

The cases presented themselves in two forms,—the one resembling simple though severe inflammatory gonorrhoea; the other syphilitic and even phagedenic ulceration of the parts. They occurred in *young children*, from the age of six months to that of seven years, and in three or four instances threatened life itself. But for the attention which many years ago I devoted to the subject, as a lecturer on medical jurisprudence, and the fact of numerous instances of the disease occurring about the same time, and in a particular locality, it is more than probable, that the most erroneous opinion might have been formed as to the real nature and origin of these cases. It is now, however, consistent with my own personal experience, to verify what is stated in Dr. Ryan's Manual of Medical Jurisprudence, and to affirm, that at the time when the cases were met with by me, many others existed, some of which terminated fatally, under the combined influence of sloughing and constitutional disorder, consequent on the local affection; in fact, the cases were sufficiently numerous to warrant the idea of their origin in some peculiar or epidemic cause, and so far confined to one locality, as to give to them something of an endemic character. Their medico-legal interest depends on their connection with the subject of VIOLATION, for the effects of which they have been mistaken, thereby unjustly jeopardising life, or at all events leading to unfounded charges against the innocent. In support of this statement, I might adduce cases, but such proceedings is out of place at present. I will now therefore merely state, that, in those cases in which the disease partook of the character of gonorrhoea, the vinum opii, in the form of lotion and ointment, applied to the parts, was the most effectual local application; and aided by small doses of the hydrargyrum cum creta and antimonial powder, soon accomplished a cure. In the more severe and ulcerative disease, the creosote ointment acted most beneficially; not only promoting the separation of the sloughs, but also exciting healthy action in the subjacent parts: under the employment of this remedy, and the internal exhibition of the alterative above mentioned, all the cases did well.

Two other cases recorded in the table may be briefly alluded to,—not as possessing any *pathological* interest, but as being certainly of very rare occurrence: they are those placed under the term "Premature menstruation." In one of them, the child was under the age of five years, and the discharge had appeared three or four times with the most perfect regularity. The health of the child seemed unimpaired, in

consequence of which, I simply advised sea-bathing, good diet, and strict attention to the bowels. In the other the child was under nine years of age, and had experienced several natural and well-marked periods. In this case, the appearance of the child indicated a more advanced age, but, no doubt, whatever existed as to the veracity of the parent: a similar course was recommended in this case, as the health was in no wise impaired.

There is yet another affection which in the table has been placed with nervous affections, and which may now be very briefly noticed, as from the excellent observations made in a recent lecture by my former friend and fellow-graduate, Dr. Favell, it is unnecessary to dilate upon it. I allude to "Spinal irritation." In the view taken by Dr. Favell I mainly concur, but am also inclined to believe, that in many cases of the disease it is less essentially inflammatory in its nature than he considers it, and more dependent on mere morbid sensibility. My reason for this opinion is, that in several instances, even where pain has been exquisite and increased on the slightest pressure, the most speedy and permanent relief has been obtained without the intervention of either local depletion, or counter-irritation, but from a very opposite plan—viz., the use of sedative applications, either in the form of plasters or embrocations, and the internal exhibition of assafoetida and valerian, more especially where the affection was at all connected with any menstrual irregularity. This form of the affection is also of frequent occurrence during the period of gestation, of which my own practice has afforded me many instances. My object in making these remarks is not at all to contravene the opinions of Dr. Favell, in which, so far as the inflammatory form of the disease is concerned, I entirely concur, but merely to state my conviction, that in this as in most other diseases, similar symptoms may and do arise from very opposite pathological conditions, and consequently, no general nor systematic plan of cure can be relied on, as generally applicable.

7, Saville Row, Newcastle-upon-Tyne.

(To be continued.)

MEMOIR ON THE DIGESTION AND THE ASSIMILATION OF AMYLACEOUS AND SACCHARINE MATTERS.

By Dr. MIALHE, Professor Agrégé at the Faculty of Medicine, Paris.

(Continued from page 346.)

CONCLUSIONS AND COROLLARIES.

The facts newly acquired to science on the digestion and assimilation of amylaceous matters, permit us to establish as a principle, that the same chemical reactions preside over the great phenomena of nutrition, both in plants and in animals.

In plants the starch contained in the organs, can only serve for nutrition after having been rendered soluble by the influence of a special ferment—diastase; and what is remarkable, when the physiological distribution of this ferment is first examined, is, that it exists only in feculiferous seeds, near the germs, and not in the radicals; that it is neither developed in the roots nor in the shoots of the potatoe, but only in the tubercles.

It exists exactly where theory indicates that its reaction will be most useful in dissolving the fecula, and rendering it capable of assimilation. So also in animals, starch can only serve for nutrition after having undergone solution, and it is by the same ferment—diastase, that its liquefaction is effected. Here again, as in plants, the diastase is excreted into the very places where it can exercise on the starch the most effective chemical action,—the mouth and the duodenum, where the preparation of the alimentary mass commences, and where its liquefaction is completed.

Vegetables are capable of being nourished with the neutral hydro-carbonated substances, starch, wood, &c., only in so far as these matters are decomposed by the alkalies contained in the soil, and transformed in the first instance into various soluble products, among which a brown substance—ulmin, is remarkable. Animals in their turn can only assimilate the same neutral hydro-carbonated matters, in as far as they are decomposable by the alkalies contained in the vital fluids, and transformed into various soluble products, in the number of which ulmin is also observed.

These facts reveal the intimate connection between the two kingdoms, and these similar reactions evidently verge towards the same point, tend to the same end,—the production of the matter indispensable to the manifestation of life,—organised matter.

Several physiological problems are capable of being resolved by these considerations, as I proceed to shew by some examples :—

In vegetables, the nourishing liquid, the sap, contains, in the normal state, glucose or grape-sugar; in animals, the nourishing liquid, the blood, contains glucose only in the abnormal or pathological state. The reason of this difference is, that the sap is neutral or acid, and never alkaline; while on the contrary, the blood is normally alkaline. Now, the presence of alkalies is incompatible with that of glucose; but if the acid secretion of the skin be accidentally or incautiously checked, or if immoderate quantities of acidulated substances, or substances easily becoming acid, are daily introduced into the animal organism, the blood loses its alkaline qualities. Saturated by the acids it becomes neutral or acid, puts on chemical characters analogous to those of the sap, and the presence of sugar of starch or glucose becomes possible, constituting the diabetic condition. On the other hand, if the acidity of the vegetable be modified by watering with a slightly alkaline solution, the sap acquires chemical properties analogous to those of the blood, the sugar is no longer produced, or to speak more correctly, is destroyed as fast as it is formed, the tree ceases to be diabetic, if the expression may be allowed, its secretions are no longer saccharine, it no longer bears saccharine fruits. This fact has been perfectly established by M. E. Frémy.

If it be objected that herbivorous animals, which ingest organic acid matters, or matters capable of becoming acid, as much as and even more than man, do not become diabetic, I reply that it is because man introduces into his system free acids, pure acidifiable organic matters, starch, gum, sugar, &c., whilst the animal never takes free acids, and is nourished only by brute organic substances, containing always a marked proportion of alkaline salts to the organic acids, capable of being burnt in the blood, and of being changed into carbonate of potass—a fact which

at the same time explains why herbivorous animals have the greater part of their intervisceral fluids, (not even excepting the urine,) alkaline, and why diabetes is unknown in them. Nature has with the evil given the remedy.

It is well known that young infants digest feculent aliments but little or not at all. It is because before the first dentition insalivation is almost null. It has also been remarked, that by adding certain condiments, which act powerfully on the salivary secretion,—such as salt (for example,) to amylaceous decoctions, their digestion is rendered easier and more complete. If the toasted bread, known by the name of *biscotte* (rusks,) appears to be an exception to the rule I have indicated, and is infinitely more digestible than the other preparations of fecula, it is solely because a part of the starch has been modified during its preparation in the same manner as during insalivation; that is, it has been partially changed into dextrine and into glucose.

Finally, what shows in an incontestable manner that it is really to the saliva that the first cause of the digestion of feculent aliments should be referred, if amylaceous alimentary matters be administered to very young infants after having been sufficiently reduced to a pulp and mixed with saliva, as certain mothers are in the habit of doing, the digestion is incomparably more easy and more complete. As, however, the practice of this mediate insalivation is somewhat repulsive, it is well to know that the same result may be obtained by introducing into the panada (*bouillie feculifère*) a small quantity of diastase, or an equivalent proportion of germinated barley,—an observation to which I would particularly direct the attention of the Academy, as it will infallibly produce advantageous modifications in the alimentation of young children.

SUMMARY.

From the whole of the preceding researches it results, that in all animals, without exception, feculent matters become saccharine under the influence of the diastase, which exists in the normal state in the liquid secreted by the salivary glands and the pancreas.

This transformation of amylaceous substances into dextrine and into glucose, by the salivary diastase, far from being a pathological fact, as had been thought, is a physiological and necessary fact; for without this transformation, feculent matters would cease to be alimentary, as they are not capable of absorption, and only become so after having undergone the action of the diastase.

Dextrine, glucose—in a word, the newly formed saccharine matter, to undergo assimilation, must be transformed by the alkalies of the blood into new products, the principal of which are, in all probability, kali-saccharic acid, formic acid, and ulmin.

If the alkaline state of the blood does not suffice for the transformation of the saccharine matter, (the blood having become too little alkaline, neutral, or even acid,) this transformation cannot take place, the sugar becomes a foreign body in the system, and as such is thrown out through the renal glands, as in diabetes or glucosurie.

But seeing that the saccharine matters perform an important part in the great process of nutrition, and do not serve solely for the support of respiration as some philosophers have thought;—that on the contrary,

certain of them participate in the chemico-vital reactions presiding over the constant organic changes, the sum of which constitutes life, it results that if their assimilation is annihilated, (chronic diabetes,) or simply vitiated, (acute diabetes,) abnormal molecular decompositions are effected at the expense of the living fluids and tissues. Two orders of principal facts are thus observed :—

1. A general disturbance of the fluids of the system owing to a defect of alkalinity, giving rise to weakness of sight, engorgement of the capillaries, and pulmonary tubercularization.

2. A profound alteration of nutrition, leading to weakness, languor, and emaciation. It is to these two orders of physico-pathological facts that the constantly fatal termination of diabetic affections must be attributed, when the chemical laboratory of the human body has not been rendered capable, by methodic treatment, of assimilating—that is to say, of decomposing, the alimentary substances which constitute the group of amylaceous matters.

PROVINCIAL
Medical & Surgical Journal.
WEDNESDAY, AUGUST 5, 1846.

Some letters from members of the Association, published in the present and recent numbers of the Journal, on the objects of the Association, its publications, and proceedings, appear to us to require a few explanatory remarks, as well to prevent misconception by other parties, as to place certain of the questions touched upon in their true light. This becomes the more necessary, as we observe that some difference of opinion exists, and that the position of the Association, as an institution intended to form a bond of union for the whole provincial profession on common grounds, has been misunderstood. The space which can this week be devoted to a consideration of the several points to which these questions give rise, is too limited to do justice to them; but we propose to take up the subject in the next number of the Journal,—not with any view of influencing the decision of a general meeting in the adoption of any course of proceeding which may seem fitting, but simply to shew the principles on which such of the proceedings of the Association as are here touched upon have been based, and to recall to the minds of members the circumstances which have led to the failure, for the present, on the part of the Association, in common with every other body of the profession, corporate or voluntary, in the attainment of one great object in which the whole medical profession has been engaged.

NEWTON BRANCH OF THE PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The tenth Anniversary of the Newton Branch of the Provincial Medical and Surgical Association was held at Newton, on Thursday, June 25th; Dr. Scott, of Liverpool, the President of the year, in the Chair. Among the members present were—Edward Holme, M.D., Edmund Lyon, M.D., John Hatton, Esq., James Whitehead, Esq., Manchester; John Mather, Esq., Ashton-le-Willows; A. O. Leete, Esq., Thos. Sumner, Esq., Newton; Sir Arnold Knight, M.D., G. C. Watson, M.D., James Carson, M.B., Benjamin Barrow, Esq., Thomas Burrows, Esq., Ellis Jones, Esq., Thomas Eden, Esq., Liverpool; J. Armitage Pearson, Esq., Woolton.

Dr. Scott having opened the meeting by an appropriate address, the Secretary then read the report of the Council as follows :—

“An annual report of the mere ordinary proceedings of any community, must, under every circumstance, bear more or less of a monotonous character; how much more therefore must this be the case, when the report is confined within such a limited space as the district of this Branch of the Provincial Medical and Surgical Association. The Council have at all times been seriously impressed with this fact, but never more so than upon the present occasion, when in none of the great matters touching the profession, do they find one subject calling for congratulation. Those who undertook the settlement of medical reform have abandoned it, without adding to the profession one iota of respectability or honour; and we find ourselves now left “in confusion worse confounded.” Although Sir James Graham has thought fit to withdraw his Medical Bill, without achieving any of the long desired and much required objects, still the Council cannot but reflect that this has been for the most part occasioned by a want of unanimity amongst the members of their own profession. The consideration of these circumstances induces the Council earnestly to call, not only upon the Members of their own, but upon those of all the Branches of the Provincial Medical and Surgical Association, for a more strenuous exertion and cordial co-operation, not so much in the accumulating and discussing of medical facts, as in the assembling together the members of this profession, for the purposes of social and friendly intercourse, without which they are assured there can be no reciprocity of those feelings, which are so essentially necessary for the honourable adjustment of all those differences, which at this time divide them into parties, thereby seriously injuring the best interests of the medical practitioner, no less than impairing, to a great extent, his public usefulness.”

The report concluded with a statement of the finances of the Branch, which was highly satisfactory.

It was then unanimously resolved :—

On the motion of Dr. G. C. Watson, of Liverpool; seconded by Mr. Burrows, of Liverpool,—

That the report of the Council now read, be adopted, and printed for distribution to the members, together with the proceedings of this meeting.

On the motion of Sir Arnold Knight, M.D., of Liverpool; seconded by Mr. Mather, of Ashton-le-Willows,—

That the cordial thanks of this meeting be given to the President, Mr. Moore, the Vice-Presidents, Mr. Sharp and Dr. Green, for their services during the past year.

On the motion of Mr. Barrow, of Liverpool; seconded by Mr. Ellis Jones, of Liverpool,—

That William James Wilson, Esq., surgeon, of Manchester, be elected President; and Dr. Dickinson, of Liverpool, and Mr. G. W. Hardy, of Warrington, Vice-Presidents, for the year ensuing, in accordance with the nomination of the Council.

On the motion of Mr. Ellis Jones, of Liverpool; seconded by Dr. Watson, of Liverpool,—

That the thanks of the meeting be given to the Council, for their services during the past year, and that they be requested to continue them, with the addition of Mr. Lax, surgeon, of Ormskirk, in the place of Mr. Lax, surgeon, of Halton, deceased.

On the motion of Dr. Holme, of Manchester; seconded by Sir Arnold Knight, of Liverpool,—

That the thanks of this meeting be given to the General Secretaries, Mr. Hatton, of Manchester, and Mr. Barrow, of Liverpool, for their services during the past year.

The following motion of Dr. Jeffreys, of Liverpool, of which due notice had been given, was proposed by Mr. Burrows, of Liverpool; seconded by Dr. Carson, of Liverpool,—

“That the Council shall in future meet one hour before the General Meeting; and that such meetings shall take place alternately at Manchester and Liverpool.”

Dr. Holme, of Manchester, moved as an amendment,

“That the Council shall in future meet one hour before the General Meeting,” and that the latter portion of the motion be left out.

This was seconded by Mr. Mather, of Ashton-le-Willows; and having been put from the chair, carried.

On the motion of Mr. Ellis Jones; seconded by Mr. Burrows,—

“That a copy of the ninth rule of the Newton Branch be included in the notices convening the annual meetings; and that such notices be sent occasionally to all members of the General Association resident in this locality.”

Dr. M. A. Eason Wilkinson, of Manchester; Mr. William Hannah, of Liverpool; Mr. Sumner, of Newton; and Mr. A. O. Leete, of Newton, were then severally nominated members of the General Association, and also of the Branch; and Dr. G. C. Watson, of Liverpool; Mr. Ellis Jones, of Liverpool; Mr. Lax, of Ormskirk, members of the General Association, were admitted members of the Branch.

COMMUNICATIONS.

SCARLATINA VARIOLOIDES.

Sir Arnold Knight related a case of scarlatina, during the progress of which an eruption appeared similar to modified small-pox. On referring to Mason Good, he found such cases had been noticed by Rush, Withering, and Plenciz. Sauvages has named this modification of scarlet fever “*Scarlatina varioloides*.”

Good attributes the eruption to increased determination of blood to the cutaneous vessels; and Sir Arnold Knight, finding the internal membranes so little affected, was disposed to believe that in his case, the force of the inflammation being expended on the skin, might also have produced this result. He had however since met with a similar case, recorded by Dr. Barnes in the *Lancet* for June 7th, 1845, which had satisfied his mind that the case under consideration was one of modified small-pox concurrent with scarlatina.

ANEURISM OF THE THORACIC AORTA.

Mr. Hatton, of Manchester, then related the following facts, connected with a case of aneurism, a cast and a drawing of which were upon the table:—

The subject was a man named Jas. Berry, about fifty-four years of age, of middle stature, and rather spare habit of body. He was born on the 5th of April, 1791, and when sixteen years of age, went as a marine on board the *Hannibal*, 74, to the West Indies. When engaged upon that station, some marines and himself were trying their comparative prowess in endeavouring to lift the main topmast “fid,” and he states that he was the only one that could raise it from the ground; but finding the weight so great, and that he could sustain it no longer,—to prevent its falling on his toes, he made a sudden spring backwards; after which he had difficulty of breathing, was unable to lie on his left side, or go up stairs quickly.

He remained in this state some time, unable satisfactorily to perform his duties, and was at length discharged the service, in the early part of 1815. This circumstance is rather an interesting feature in the history of the case, as the disease had probably its origin at that time; and proves over what a lengthened period the disease may extend, and to what an enormous size it may attain; and what is even more extraordinary, the man was able (with occasional intermissions,) to follow his laborious avocation as a small-ware weaver, to within a short time of his death.

The man has been under my observation for about four years, and at that time the tumour was nearly as large as seen in the cast, which was taken immediately after death. From what I could learn, the swelling first appeared about twelve years ago, near the right nipple, and gradually extended towards the centre. Whilst under my notice, he has suffered many and various symptoms, a short detail of which may add to the interest of the case.

The general health of the man was such as to allow him to follow his employment, with occasional interruptions, at which periods he suffered severely from dyspnoea; the poor fellow seemed to gasp for breath, as if something were pressing the sides of the trachea and bronchi together, so that the air could not enter, and you would think every moment he would be suffocated. The sound of the breathing was very loud and wheezing, and seemed to proceed deep from the chest, and was attended with great heaving of the thorax. He suffered occasionally from internal congestions, which were accompanied with slight hæmoptysis, although never to any great extent; and his cough, generally dry, was sometimes attended with streaked expectoration. At these periods, he had frequent bloody stools, with slime. He seldom suffered from palpitation of the heart itself, although, to use his own

expression, "the beating in the lump was so great sometimes as to draw him double." His attacks of dyspnoea were sometimes of a spasmodic nature, and were more relieved by ether than anything. He had frequent tendency to syncope, with dizziness and cold clammy sweats, and the lips and complexion of a livid colour, and sometimes he suffered from severe pain and heaviness in the head, with terrific dreams. His voice was peculiarly hoarse, and it was a great effort for him to speak. His deglutition was very difficult, and if he attempted to swallow solids, he was compelled to "wash them down with water."

In enumerating the more particular symptoms, he was unable to lie for a moment on his left side, and his easiest position appeared to be a sort of half inclination between the right side and back. The whole of the anterior and superior part of the chest on the right side was dull on percussion, as also on the posterior portion; and with the exception of a small space under the right clavicle, and in the axilla, there was a total absence of respiratory murmur. On the left side the respiration was distinctly audible and free.

The tumour itself appeared to consist of two portions, the larger one having a very expansive base, extending from the second to the seventh ribs, and measuring a circumference of twenty inches and a half; the diameter from the second rib to the ensiform cartilage was nine inches and a half. Upon this, and continuous with it, was another and smaller one, the most prominent part of the aneurism, the coverings of which were so completely attenuated, that the layer of blood immediately beneath could be distinctly seen through. The tumour itself, and more especially the smaller portion, had an expansive and heaving pulsation, synchronous with the action of the heart; and during the man's life it appeared that the slightest touch would have been sufficient to burst the aneurism, and produce immediate death, although when examined after death, this part was found completely filled with coagula, so laminated that the increase of the aneurism must have been checked several years. The aneurism took its origin from the right and anterior side of the aorta, about an inch and a half above the valves; its mouth was rather better than an inch in diameter. It then expanded suddenly into the large size seen in the drawing, and passing forward through the ribs and sternum, presented the external swelling perceived in the cast. By its lateral and posterior development, it had compressed the right lung into a small compass by the side of the spine, and had reduced it to a state similar to carnification. The evident tendency of development of the tumour had been forwards and laterally; and although the lung was so much compressed, there was no absorption of the vertebræ, nor did they display the least evidence of pressure. The greater part of the tumour was occupied by many successive layers of tough fibrin, without intervening layers of blood, except near the centre of the tumour, and weighing altogether fifteen ounces and a half. A loose fibrinous concretion lay in the origin of the sac, and extended into the dilated portion of the aorta, although not at all laminated. The aorta itself was thickened, inelastic, studded with bony plates, rugous, and fissured, and very much dilated as far as the origin of its first great vessels.

The left ventricle of the heart was slightly hypertro-

phied, and a little dilated; the apex blunt and thinned; no valvular disease of the left side.

OBLITERATION OF THE VENA CAVA DESCENDENS.

Dr. Carson presented to the meeting, for their examination, Patrick Sheils, a labourer in a soap manufactory, exposed in his work to sudden and great vicissitudes of temperature, in whom, in the end of last August, after a severe lancinating pain, extending from a point beneath the fourth rib, upon the right side, near the sternum, to a corresponding point behind upon the same level, between the base of the scapula and the spine, increased by full inspiration, and accompanied with a hard dry cough, rigors and fever flushes, there was gradually developed oedema of the head and neck, upper extremities, and of the upper parts of the chest, and unusual dilatation of the superficial veins of these parts, and of the rest of the trunk of the body. These symptoms were attended with sense of fulness in the head and neck, buzzing of the ears, and flashes of light before the eyes, difficulty of breathing except in the erect position, and inability to lie upon the left side, in consequence of which the oedema was most remarkable upon the right side. There were no indications from auscultation, of disease in the lungs, heart, or large blood-vessels of the chest, with the exception of a large moist crepitus at the base of the right lung, indicating an oedematous condition of its tissue. There was no dilatation of the veins, or oedema of the lower extremities.

From the use of moderate antiphlogistic treatment, diuretics, and from the comforts of the hospital, all these symptoms gradually subsided, with the exception of the dilated condition of the veins, which was rather more marked in consequence of the subsidence of the oedema. The last symptom that was mitigated was the sense of fulness in the head and neck, which in some degree still continues when he suddenly stoops down. In consequence of returning too soon to his work, and of the severity of the weather, he was attacked with catarrh and a return of the symptoms; which, however, under similar treatment, shortly subsided, and he has continued in good health up to the present day, still able to work. He has no difficulty of breathing in walking fast or up hill, and the sense of fulness in the head is only troublesome when he stoops down. His present appearance is that of a man in robust health; there is a dark hue in the complexion, increased when he stoops down, and there is a very dilated condition of the veins of the forehead, neck, upper extremities, and of the trunk of the body, particularly on the anterior surface. Large veins as thick as a swan's quill proceed from above the upper edge of the clavicle, and from the axilla over the anterior surface of the thorax, in a tolerably straight course, to a *tortuous* cluster of veins in the epigastrium, from which emanate a number of veins running in a straight uncontorted course to the groin, the latter being rather thicker than those coming from the neck and axilla. The course of the blood in all these veins is from above, downwards.

Dr. Carson inferred the existence of obliteration of the vena cava descendens, between the entrance of the azygos vein and the right auricle, and the consequent return of all the venous blood of the body to the heart by the ascending cava. The return of the venous

blood to the heart from the head, neck, upper extremities, and the walls of the chest, he inferred to take place by a retrograde course through the dilated superficial veins of the chest, the deep-seated plexus of veins surrounding and within the spinal column, through the internal mammary, intercostal, azygos, and superior diaphragmatic veins, and from these by a direct course through the inferior diaphragmatic, lumbar, demiazygos, superficial and deep-seated epigastric veins, pouring their blood into the ascending cava directly, and into the renal and iliac veins. The obliteration of the cava between the azygos vein and the right auricle, is inferred from the seat of the pain, and from the tortuous condition of the large cluster of veins at the epigastrium, and beneath the edges of the ribs, for a few inches on each side of it. The plexus of superficial and deep-seated veins of the chest, at and around the epigastrium, are evacuated into the superficial axillary, the external and internal mammary, the superior and inferior diaphragmatic and the superficial and deep-seated epigastric veins. If the passage to the heart through the azygos veins of the venous blood from the walls of the chest be cut off, the pressure upon the veins at the epigastrium must be increased, and hence their tortuosity, which may therefore be considered, in conformity with Dr. Watson's views, as a test of the portion of the cava obliterated. If this inference be correct, the present case is precisely similar to that described by Dr. Reid, in the 43rd volume of the *Edinburgh Medical and Surgical Journal*, and the appearances discovered by him in the body of his patient, dead from other causes, may be a guide in determining the cause and prognosis in the present case. There is nothing in the obliteration of either of the cavae, provided it take place gradually, which would of itself lead to an unfavourable prognosis, but in the great majority of the cases on record, the obliteration has depended upon aneurismal or other tumours, which have been the cause of a fatal result. In Dr. Reid's case, the obliteration appears to have resulted from enlargement of the bronchial glands, from inflammation, which had obliterated the cavity of the vein by pressure upon its walls. Dr. Carson was inclined to a favourable prognosis in the present case, as he did not consider it probable that an aneurism of the ascending aorta, in such a position as as would produce obliteration of the cava in the given position, would remain latent and undiscovered by the ordinary modes of investigation, for so long a period. The healthy appearance of the patient precludes the idea of a malignant tumour. The only other explanation would be that of a local phlebitis, whose presence was indicated by the pain. The retrograde course of the blood in the veins, in spite of the valves, was considered by Dr. Carson to be explicable by the circumstance of there being, with few unimportant exceptions, no valves in the veins of the trunk of the body.

ANOMALOUS TUMOUR IN THE ABDOMEN: STOMACH FOUND DISTENDED WITH HAIR.

Dr. Carson brought forward the following case, communicated by Dr. Dickinson:—

Miss —, aged 19, an imbecile from childhood, had for two years previous to her death been observed to lose her usually good appetite, and gradually decline in her flesh. Yet there was nothing that called for

medical advice (in the opinion of her family,) until within six months of her death, when the extreme emaciation, loss of appetite, constant vomiting after taking food, and a tumour in the abdomen, excited their painful attention.

When he saw Miss —, it was within ten days of her death, and she had been previously visited by two of his most experienced and scientific medical brethren, who, with himself, were unable to explain the symptoms, though the tumour was, on account of the extreme emaciation, very prominent.

The case when he first saw it was, as far as his memory and notes will serve, as follows:—*Extreme* emaciation; pulse about 60, small and weak; constant vomiting after taking food, which was *always* liquid, as the slightest solid occasioned insufferable pain. The tumour was *below* the epigastrium, and occupied the umbilical region, and a constant diarrhoea, combined with extreme emaciation, vomiting, and a peculiar appearance of the skin, (usually considered expressive of malignant disease,) made them suspect, that in truth, malignant organic disease was going on, though the exact seat was obscure.

The patient lingered on without much medicine, and the real cause of her death was not even suspected, until a *post-mortem* examination revealed the appearances which are seen in the preparation. The tumour consisted of the stomach, distended by a large mass of human hair, evidently the patient's own; which she must have almost unconsciously swallowed from time to time.

INVERSIO UTERI.

Mr. Burrows said, he would feel obliged by his medical friends informing him as to what line of practice they had found the most successful in *Inversio Uteri*. He said, his reason for making such a request arose from the circumstance of his having had a case a few months ago; it was the first that had occurred to him, though he had an extensive midwifery practice. The patient was 24 years of age, and it was her second accouchement. She said her first was a long tedious labour; two or three practitioners were consulted, and she was delivered with forceps. The second was a breech presentation, child small, and labour comparatively easy. After the delivery of the child, he (Mr. Burrows,) promoted contraction of the uterus, by grasping its fundus; it was then compressed by the hands of a female, whilst he made a slight traction by the cord, when the placenta appeared suddenly to come down into the vagina, as though it had been propelled from the cervix uteri. On passing the finger round it, he felt a conical mass, whose surface was soft and moist, and from which some blood escaped. He soon satisfied himself that the substance was the placenta, attached to an inverted uterus. He tried to peel off the placenta from the fundus uteri, to lessen the bulk to be returned through the os uteri; but as it did not separate easily, gave pain, and increased the hæmorrhage, he sent for Mr. Batty, who arrived in about twenty minutes, during which he attempted the re-position of the fundus uteri with the placenta attached, but did not succeed,—and he had just ceased his efforts when Mr. Batty arrived, who used considerable force, whilst Mr. Burrows applied his hand above the umbilicus, and pressed downwards, to prevent the rupture of the uterine ligaments. The whole

was returned through the os uteri, and the placenta followed the withdrawal of the hand. The patient was much exhausted, and died in twenty or thirty minutes.

He also mentioned another case that occurred in his practice, a few weeks after the former. The labour had not been of an exhausting character; a female was directed to compress the lower part of the abdomen, as soon as the head and shoulders were expelled from the os externum; and when the child was born, a binder was applied tightly, so as to compress the abdomen and uterus, and promote its contraction. Though no traction was made by the cord, nor any effort to bring away the placenta, yet the uterus was inverted. Having the former case in his mind, which had occasioned him much unpleasant feeling, he resolved at once to attempt to return the fundus uteri with the placenta, to avoid hæmorrhage and nervous irritation. The parietes of the uterus being thin, the os and cervix flaccid and yielding, the replacement was easily accomplished: the placenta having followed the extraction of the hand, it was found in the vagina, and immediately removed. The patient recovered, as well as she had usually done, and no unpleasant symptoms followed.

Mr. Burrows observed that these cases had led him to pay considerable attention to the subject, and consult many obstetrical authorities as to the mode of treating it. The late Mr. Kinder Wood, of Manchester, advised the removal of the placenta before any attempt was made to return the prolapsed fundus. When the re-position of the uterus cannot be effected, Dr. Dewees, of America, recommends that the inversion be completed, by seizing the uterus pretty firmly, and drawing gently and steadily downwards and outwards, till the confined or girded part pass through the stricture, when the os uteri will be turned towards the abdomen of the patient, pain cease, and the other distressing sensations.

REMARKS ON DR. BELL'S PAPER "ON THE OBJECTS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION."

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SIR,

There are some allusions in the letter, "On the objects of the Provincial Medical and Surgical Association," by Dr. David Bell, of Ludlow, in a late number of the Journal, which appear to me to require notice. I shall therefore be obliged by your inserting a few remarks, which I will make as concisely as possible.

With reference to the value of the Journal and "Transactions," I would embrace this opportunity of expressing my approbation of the manner in which they are both conducted, and cannot but think that every member of the Association has the full value of his annual subscription from *their* distribution alone, and independently of every other object which the Association embraces.

If unqualified and illegal practitioners have been admitted as members of the Association, the error cannot be too soon corrected—and, fortunately, it is a mistake which will most readily admit of correction; but I cannot see the legitimate connection between

this allusion and the attack upon the National Association of General Practitioners which directly follows. I would fain hope that it is founded upon misapprehension on the part of the Doctor.

He writes: "and here it might not be improper to allude to the 'National Association' that has been recently formed, and which is pursuing with so much zeal, a course, that I cannot help thinking, will prove most detrimental to the profession; for I suppose it must, if it attain its object, legalize many persons who have not had a proper professional education, and effect the further consequence of *firmly* establishing a *third* grade in the profession, which in our advanced state of education, general and professional, should not exist, and which, in fact, we have been endeavouring for some time to *throw off*. It will readily be understood that I also here allude to the Apothecaries' Company, which (with every respect be it spoken,) has, I should hope, nearly lived its time, and should *not* certainly be re-established under a *different* name; and it will be an important part of its duty, in my humble opinion, for the Provincial Medical Association to prevent this, if it be possible, and to use every effort to *elevate* the members of the profession, by insisting upon the maintenance of *two grades only*, the physician and surgeon. If the Apothecaries' Company still wish to exist, however, in some shape, (for they seem to be very tenacious of life,) I would suggest," &c.

The National Institute will not have the power of legalizing any class of practitioners who are not already entitled to practice, for the gentlemen who were in practice before 1815, are labouring under no legal disqualification for practice, and have as much right to membership of the Institute as they who happened to commence their studies *after* the passing of the Apothecaries' Act. Many there are who were in practice before 1815, and had passed through a protracted course of study, qualifying them for that practice of their profession, which they have since pursued with honour to themselves, and advantage to their numerous patients. It is not right that these gentlemen should be treated as illegal practitioners, and that it should be insinuated that they would become legalized by seeking membership with the National Institute.

The third grade of the profession referred to is the great body of General Practitioners; and it must be confessed that the position of this class has been somewhat anomalous, and has imperatively called for a College of its own, which I am happy to learn is most likely to be established upon a secure foundation.

The Doctor's insinuation that the Apothecaries' Company should not be re-established under a *different* name, suggests the source from which he has borrowed it; but the manner in which he shews his respect for the Society—viz., by hoping that it has nearly lived its time, is peculiarly his own. If he would take the trouble to investigate the subject, he would find that the Apothecaries' Company has manifested no very considerable tenacity of life, but on the contrary, that it has recently acted with a disinterestedness unparalleled in the history of medical affairs, and in the words of the Committee of the National Association,—that it is the only corporate body "which has exhibited the slightest spark of public spirit."*

* "Transactions of the National Association," March 4, 1846.

Dr. Bell has thrown out four suggestions as the basis of regulations to be made by the Provincial Medical and Surgical Association; on two or three of which I will take the liberty of seeking for further information.

"First—That a physician, who has been elected to a public institution as such, and wishes it to be understood that in his private practice he acts in the capacity of a physician only, should not be allowed to meddle, in any way, with general practice, to the injury or disadvantage of the surgeon or general practitioner."

In the first place, I would ask, what is *here* meant by *general practice*? and then the plan to be adopted to prevent the physician from "meddling, in any way, with general practice, to the injury or disadvantage of the general practitioner."

"Secondly—That a surgeon practising generally, having the degree of M.D. from a University, or a license from the College of Physicians, should not be allowed to call himself *physician*, and practise in the *double* capacity, any more than that the physician ought *not* (?) to be permitted to interfere with surgical or general practice."

Here I would ask, what is distinctly and really meant by the surgeon calling himself "physician" and practising in the "double" capacity?

"Lastly—That no countenance should be given to the use of titles *other than will denote the grade* in which the parties practise, for it is not uncommon, I believe, for men having an M.D. degree or a license from the College of Physicians, practising as surgeons, &c., to call themselves doctors, and thus pass off for physician, surgeon &c., to the injury alike of the physician, who practises strictly as such, and the general practitioner."

In what manner should *no countenance be given to the use of titles, other than will denote the grade in which the parties practise*; and in what manner can such use injure either physician or general practitioner?

It is evidently necessary that there should be some definite and precise meaning attached to the terms which are here used, I shall therefore reserve my remarks on these suggestions until Dr. Bell has favoured your readers with some further explanations. On this subject particularly, the utmost precision of terms is absolutely necessary.

The London College of Physicians does not escape the lash of the Doctor, for he finds fault with that College for conferring the license to practise as physicians upon men who continue to practise as general practitioners. Here is something tangible, if it be true, but I have yet to learn that there are any gentlemen *who dispense their own medicines* after having become extra-licentiates of the College of Physicians, for before admission they subscribed to a stringent oath, that they would not practise pharmacy.

That many general practitioners "usurp the position of consulting men," I am well aware, and most decidedly do I think that they are entitled so to do, if their patients and fellow-practitioners have sufficient confidence in their skill to call them in. How would your correspondent proceed to prevent this state of things? It appears to me that he would fail even were he backed by all the Colleges and Associations

in the kingdom—aye—and if he had the assistance of an act of parliament *of his own making*, to boot.

Your correspondent remarks that the education of the physician "is, or at least *ought* to be, more extended in general, as well as special acquirements, than that of the man who practises with the understanding that he has a *second* opinion to resort to."

Will he have the kindness to define what is meant by *general* and *special* acquirements; and to explain why the education of the general practitioner *ought* to be less extended than that of the physician. What limit would he assign to the education of the former, and what standard would he adopt for that of the latter? Would he interdict all study on the part of the general practitioner, when he shall have commenced the practice of his profession? Would he *discourage* the habitual use by him "of specula, stethoscopes, pleximeters, sounds, microscopes, and every instrument capable of bringing the products of disease under the cognizance of the senses, and thus rendering diagnosis exact."* In fact, would he wish to raise any obstacle to *his* advancement, and to prevent *him* from keeping pace with the progress of medicine and the collateral sciences, rapid as that progress may be, and profound as may be the investigations?

Your correspondent further complains that "the interests of the physicians have not been much, if at all considered, for the whole cry of late has been in behalf of 'the general practitioner,' and it is painful to many, as well as to myself, I am quite satisfied, to observe this latter highly useful class of men, many of whom are an ornament to society, exerting all their powers to secure an incorporation on their own behalf, which can only tend to degrade instead of to benefit them, whilst they ought to be maintaining a constant and unwearying struggle to gain admission, on fair terms, to the College of Surgeons."

The opinion of your correspondent is singularly at variance with that of between four and five thousand general practitioners who constitute the National Association, and are "exerting all their powers to secure" a college of their own. And with reference to the improbability of ever effecting the necessary changes in the College of Surgeons, I perhaps cannot do better than transcribe a paragraph from an address which I have recently distributed among the members of the profession residing in the county of Bedford. Addressing myself to those who have not joined the National Association, I state,—"*Some have not joined it from a hope that the Council of the College of Surgeons would procure a Supplemental Charter, by which the wrong which has been done to most of the members of that college would be redressed; but every appeal which has been made to the Council has been in vain; and since the ill-timed and unhappy vindication of its proceedings by the last Hunterian Orator, the staunchest friends of the College must have been convinced, that such alterations as would constitute it the College—the head and home of the general practitioners—are hopeless and unpracticable.*"

In conclusion, I deeply regret that the slightest dissident spirit should have manifested itself between any of the different grades of the profession, and it is

* See an excellent paper entitled "How should Medicine be advanced?" By Dr. J. Hughes Bennett, in the *Monthly Journal of Medical Science*.

with unfeigned sorrow that I perceive a lurking disposition on the part of some physicians to pursue a course which must inevitably tend to perpetuate such dissension, rather than to bind together all classes in one indissoluble bond of union.

I am, Sir,

Your obedient servant,

T. HERBERT BARKER.

Bedford, July 23, 1846.

P.S. That there is the "conventional distinction of long standing" to which Dr. Williams refers, is an assumption which requires proof, and I take the liberty of stating that there has been, and is, no such "conventional distinction," either for some practitioners to break through or for others to observe; therefore the allusions to wearing hats in drawing rooms, to "*a spirit of infringement*," "*a spirit of deviation*," "*strictly-sanctioned courtesies*," "professional etiquette," &c., &c., are altogether *irrelevant* and *erroneous*. To go to the root of the mischief, I would suggest that Drs. Hull, Bell, and Williams, propose at the ensuing meeting, some such a resolution as the following, viz., "That no general practitioner shall be allowed to graduate in medicine in any university until he shall have renounced the practice of surgery and midwifery." If they can get this resolution strengthened by legal enactment to the same effect, of course they will have obtained their hearts' desire to the full.

This, preposterous as it would seem, would be better, far better, and more straightforward, than their present beating-about-the-bush-mode of proceeding.

July 29, 1846.

T. H. B.

TITLE OF DOCTOR: REPLY TO DR. BELL. TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If you think that the letter in your last Journal, signed "David Bell," is likely to promote the interest of the Association, and extend the influence of the periodical, and that my remarks would at all counteract such interest or influence, I can hardly expect you to insert them. If on the other hand you do not see them objectionable or prefer to postpone every other consideration to justice, I shall feel obliged by your allowing them a space in your next number.

Your correspondent's indignation is high at the audacity of men presuming to call themselves Doctors of Medicine while in practice as surgeons, as he prefers to call the general practitioners. But if an individual choose to obtain the highest honour of his profession, why should he be ashamed to use the title. He obtains that title from a body of learned men possessing the faculty of bestowing it properly, and competent to judge of the qualifications necessary for obtaining it. The individual who receives such a degree has an undoubted right to use the title it confers, whether he be in practice or in private life; and indeed, it appears to me to be anything but complimentary to the University from which he obtained it, if he refuse to acknowledge it publicly. While engaged as a general practitioner he does not call himself a physician, nor is he called so or considered so by others. I cannot conceive why such a man is expected to write

and call himself Mr. Smith, because he is at one part of the day engaged in a surgical operation, and at another with a case of typhus fever, although a university, perhaps of the first character in the kingdom, deemed him worthy of the highest honours in his profession.

Your correspondent is singularly oblivious, if indeed he ever knew anything of the College of Physicians, when he states that men, practising as general practitioners, are still licentiates of that College. There are men undoubtedly who, after having obtained the license, returned to general practice, but virtually, indeed, *ipso facto* they cease to be members, and are deprived of the license the moment they relapse, as the following passage from the rules plainly shews:—
"Si quis postquam in numerum Permissorum fuerit admissus Pharmacopolæ arte aut mercibus quibusvis vendendis victum quaeritaveret statuimus illum quantum innobis sit, ex numero Permissorum excidisse."

This extract shews, as clearly as words can convey, that the College no longer considers such a man a member of their body. But, Sir, his strictures on the highest medical body in the kingdom, come with a peculiarly bad grace from a man who is indebted for the privileges of practising his profession as physician in this country, and of calling himself one, to the indulgence of that body. Dr. Bell holds a degree in medicine from a university in Scotland, formerly in exceedingly bad odour as a medical school, and even now not ranking pre-eminently high; and any individual holding such a degree *only*, and practising in this country, practises illegally, and merely on sufferance of the College of Physicians; and how so pure a physician as Dr. Bell can reconcile this fact to his mind, I am unable to imagine.

The College of Physicians holds that the license makes the physician; and as your correspondent asks the question, I beg to inform him that the licentiate, whether *infra* or *extra*, has an undoubted right to style himself physician, even if he have *no degree*: while Dr. Bell with a degree has no such right, at least in this country.

Those whose houses are made of glass, says the proverb, should be careful how they throw stones, at those at least who live in habitations stronger and less fragile than their own. Had the Doctor, previously to his unjust censure on the conduct of his medical brethren, and on that of the College of Physicians, made himself properly acquainted with the above facts, he would have escaped the expression of some truths which turn the tables upon him rather unpleasantly, I should imagine.

I am, Sir,

Your obedient humble servant,

H. WALKER, M.D., Edin.

Ludlow, July 25, 1846.

PROCEEDINGS OF THE POOR-LAW COMMISSIONERS: MR. MARTIN'S CORRESPONDENCE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I cannot deny myself the pleasure of congratulating your spirited correspondent, Mr. Martin, of Evesham, for the honourable and manly stand which he has made

in defence of the dignity of his profession, against the mean and discreditable conduct of the Board of Guardians of Evesham, in refusing the fee for professional attendances, &c., upon the case of fracture named in Mr. Martin's correspondence,—the payment for which is distinctly and authoritatively prescribed by the Poor-Law Commissioners' Medical Order, Art. 10, which I here take the trouble to transcribe.

"No salary of any district medical officer, or contract made by any Board of Guardians with a district medical officer, shall include the remuneration for the operations and services of the following classes performed by such medical officer in that capacity for any out-door pauper, but such operations and services shall be paid for by the Board of Guardians according to the rules specified in this article." Here follows the scale of charges for the respective operations, &c.

Whilst I might be induced to pass over, rather in pity than in anger, the dishonourable and unjust conduct of the obscure individuals constituting the members of the Board of Guardians, yet it would be impossible that I could regard with the same forbearance the conduct of the Poor-Law Commissioners, seeing forsooth, that these are the very authors of the sum claimed, and the forms and regulations necessary for the guidance of the medical officer in these particular cases. I will refrain, lest I be too uncharitable in my inference, from stating my opinion of the motives which induced the Commissioners, in the face of so clear and indisputable a claim, to leave the case to the tender consideration of the Board, to remunerate the medical officer for his attendance. Was it to be so much per diem, the scale of such remuneration to be the wages of an agricultural labourer? Oh, no, these thrifty gentlemen, out of the depth of their wisdom, and true to their vocation, felt content to leave the doctor to take his fee out of the vexatious difficulties that surrounded him!! How delighted did I feel on reading Mr. Martin's high-toned and spirited assertion of principle, (so triumphant did it stand in contrast with the paltry and pitiable conduct of "the other side,") in his refusal to accept anything from the Board of Guardians short of the *entire fee* demanded or claimed, and to which he is legally entitled. Would that all others under like circumstances would follow the example: for if these orders and instructions of the Commissioners are to be regarded in the light of so many idle words, useless and nothing worth, then must the profession conclude that they were ushered forth as a mockery, a delusion, and a snare, calculated to entrap the unwary by their fictitious glare.

If, as indeed it would appear, the Commissioners have *not* the power to compel obedience to these orders, (or they surely would have done it in this instance,) then in the name of honesty and common fairness, let them (the Commissioners,) rid themselves of a reproach which must necessarily attach to them, by the open and authoritative promulgation of fees which they either cannot or will not enforce.

So glaring are the instances of injustice practised by Boards of Guardians, and supported by the Poor-Law Commissioners, towards medical men, that my only regret is that the Association, as a *national protective body*, does not adopt some steps whereby to defend their defenceless brethren from the disgraceful and repeated acts of fraud and oppression which we

are weekly forced to witness, in one form or another, under the operation of the new Poor-Law! Let, I beseech, a committee be appointed, to whom shall be delegated the power of making all necessary investigations into acts of real grievances, arising out of the operation of the new Poor-Law Amendment Act; and let this committee be furnished with a fund, such fund to be exclusively applied to defray all necessary expenses incurred by the enquiries, or in any other way appertaining to this particular purpose. By the establishment of such a "Protective Committee" as I have here endeavoured to prefigure, individual members of the profession would be released from an immense weight (not only of personal responsibility, but risk of professional reputation,) in contending individually against Boards of Guardians, the members of which may privately as well as publicly be capable of doing much mischief. In addition to all this, such a proceeding would tend to serve the laudable end of emancipating many *young* professional men from that deplorable spectacle of servile vassalage, to which I am apprehensive but too many are now doomed to submit.

It is to be hoped that the approaching annual meeting will spiritedly enter upon the consideration of this most important subject, with the view of giving it form, and carrying it out in an efficient manner. I feel assured that few "of ours" would be found to object, who, from private circumstances or professional eminence, are removed above the reach of *Somersaet House*, to aid, both by purse and influence, the less fortunate class of their professional brethren, who are and have been doomed to crouch beneath the iron hand of this relentless foe; and none, I am satisfied, of the victims or prospective victims, would hesitate for a moment, but cheerfully come forward, as far as possible, with their funds and means to aid this consummation so devoutly to be desired. That this good cause may engage your enlightened and able advocacy, and that it may meet the hearty concurrence and generous support of every member of the Provincial Medical and Surgical Association, is the earnest prayer of,

Sir,

Your obedient servant,

"QUI VENAM SECAT."

THE "PROVINCIAL MEDICAL & SURGICAL JOURNAL" AND "TRANSACTIONS."

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Pray permit me to repeat, through the columns of the Journal, what I have more than once expressed to yourself in private communications, that in my humble opinion, the funds of the Association are injudiciously applied in publishing the annual "Transactions" in their present form. I know there is a difference of opinion amongst the members respecting the relative merits of the Journal and of the "Transactions," and that at the last meeting several influential members spoke in favour of continuing the "Transactions" at the expense of the Journal. I am, and have been for some years, of quite a different opinion, for, inferior as

the Journal is to other weekly publications of the kind, it is far more valuable than the "Transactions," even in its present state. The Journal is, too, capable of the highest degree of improvement; and I am satisfied that were the money the "Transactions" cost expended upon the Journal in paying liberally for the labours of the Editor, and for original articles and hospital and other reports of interesting cases, it would shortly become the leading medical weekly publication in Europe, and induce the great majority of the medical men of the United Kingdom to join the Association. With the income the Association already has, all this would be effected without incurring the risk of commercial speculations and enterprize, which journals established, or offered to the public consideration, with the view of money-making, have to encounter.

Expensively as the "Transactions" are got up, to use a trade expression, they are less sought for, and, in fact, less estimated than any other medical work that the press of this country produces;—I speak of them as a whole, for in some of them I freely admit that there are valuable articles, but nothing that could not be brought out in a weekly journal, with more advantage to the members and to the profession generally. I know that many hold the opinions I here express, and I am glad to see that the Bath and Bristol Branch has passed resolutions upon the subject, which I hope will occupy the attention of the approaching general meeting.

Late occurrences on the question of Medical Reform have placed our Association in such a light before the profession and the public, that something must be done besides patronising publishers, and meeting once a year, to preserve and perpetuate its existence. I have been lately asked frequently, in what the usefulness of the Association consisted. I have not been able to give a satisfactory answer, and have been obliged to admit that in comparison to the Colleges of Surgeons and Physicians, or even to a *coterie* of London trading apothecaries, it turned out that we had neither professional nor political power or influence; and that all our efforts had been swamped by a whisper from either of the colleges, whilst the combined apothecaries stood forward prominently and threw us into the shade.

When I was invited to join the Association by the late Dr. Barlow, of Bath, I recollect well, how earnestly that excellent and amiable physician represented to me that the Association was acquiring a moral strength and influence that would supersede all the old corporate bodies in regulating the future condition of the profession. I certainly thought so myself, and I confess I was grievously disappointed at the results of the late attempts to reform the profession, and at the little weight that was attached to the movement made by the Association.

It is not, then, by our moral influence in high places, that we can perpetuate our existence, as an Association. We can only do so by being useful to ourselves in our natural and proper sphere of action; and I repeat my opinion that such usefulness can best be extended through an improved weekly journal, and not by a volume of "Transactions," once or even twice a year.

I am, Sir, your obedient servant,
GARRETT DILLON.
London, July 21, 1846.

QUEEN'S COLLEGE BIRMINGHAM.

The Queen has been graciously pleased to issue her Majesty's warrant under the sign manual, to authorize "The Right Trusty and well-beloved the Principal, and the Trusty and well-beloved the Vice-Principal, of the Queen's College at Birmingham, to issue to such persons as may be desirous of becoming candidates for the respective degrees of Bachelor of Arts, Master of Arts, Bachelor of Laws or Doctor of Laws, to be conferred by the University of London, certificates to the effect that such candidates have completed the course of instruction which the Chancellor, Vice-Chancellor, and Fellows of the said University of London, by regulation in that behalf shall have determined."

The Council of the College, at their last monthly Board have unanimously elected the Rev. G. Richards, B.A., Pembroke College, Oxon, the resident Classical Tutor and Chaplain of the College; the Rev. J. Taylor, B.A., St. John's College, Cantab., the resident Mathematical Tutor and Chaplain of the College Hospital; Herr J. Mayland, German Master; Jean J. O. Flannagan, French Master; and Charles Docker, Esq., Drawing Master. The first and second years' students in the Classical Department will reside with the Rev. T. O. Welstead, B.A., Oxon, after which they will reside within the College walls to complete their medical studies.

MEDICAL INTELLIGENCE.

M. Flourens and M. Poinot, members of the French Institute, have been recently elevated to the dignity of Peers of France.

At the meeting of the Fellows of the Royal College of Surgeons, held on Tuesday, July 28th, Richard Wellbank, Esq., was re-elected; and Richard Dugard Grainger, Esq., and James Luke, Esq., elected members of the Council of the College—the two latter gentlemen to the vacancies occasioned by the resignation of Messrs. White and Babington.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, July 24th, 1846:—T. H. Marshall; O. E. P. Chard; H. S. Saunders; W. L. Grundy; H. Sallifant; J. Rowe; J. Bolton.

OBITUARY.

Died, July 17th, at St. Lawrence, Isle of Thanet, Sir Thomas Grey, M.D., F.R.S., a magistrate of the county of Kent.

TO CORRESPONDENTS.

Communications have been received from Dr. Kingdon; Dr. L. Robertson; Dr. Lindoe; Dr. W. Cooper.

Mr. Anderton's letter is unavoidably delayed till next week.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho,

JUST PUBLISHED, VOL. II., NEW SERIES.

THE TRANSACTIONS
OF THE
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO; SHERWOOD, GILBERT, AND PIPER, PATERNOSTER ROW;
AND DEIGHTON, WORCESTER.

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- I.—The Retrospective Address, delivered at the Thirtieth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirtieth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

ALSO MAY BE HAD,

Vols. I to 12, (Old Series,) can be had at the Publishers, they having now procured a few copies of Vols. 4 and 10, for Gentlemen who are desirous of completing their sets.

Just Published, Post 8vo., Cloth, 7s. 6d.,

A PRACTICAL TREATISE ON SPECIAL DISEASES OF THE SKIN,
WITH CASES AND NUMEROUS NOTES.

By C. M. GIBERT, Physician to the Hôpital St. Louis, Fellow of the Faculty of Medicine at Paris, &c.
Translated by EDGAR SHEPPARD, M.R.C.S.E.

"We have much pleasure in introducing to our readers Mr. Edgar Sheppard's very clever translation of the work of M. Gibert on Diseases of the Skin. We have seldom perused an English translation which betrays so little of its foreign original. It is remarkable for its fidelity, and at the same time, for its purity of English style, divested of all Gallicisms, and abounding in the racy idioms of our native tongue."—*Provincial Medical and Surgical Journal*.

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"M. Gibert's work is, indeed, a very valuable Manual of Skin Diseases, and stands deservedly high in the estimation of his countrymen. We can cordially recommend Mr. Sheppard's translation, which appears to us carefully and accurately executed, to our readers. With such a guide as M. Gibert, they will be able to find their way even through the maze of cutaneous affections."—*Lancet*.

"The translation of M. Gibert's work will be found a very useful and a very convenient Manual; and although the volume is a small one, its closely printed pages contain a large fund of condensed information and elaborate research. It has also the advantage of being 'readable,' which very few works upon the subject are, having many cases and other interesting illustrations introduced into it."—*Medical Gazette*.

London: Published by JOHN CHURCHILL, Princes Street, Soho,

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

THE Members of the Provincial Medical and Surgical Association are informed that the Fourteenth Anniversary Meeting of the Association will be held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August next.

The First General Meeting of the Association will be held in St. Andrew's Hall, on Wednesday, August 19th, and the President, Dr. Favell, will take the chair at one o'clock, and afterwards resign it to

JOHN GREEN CROSSE, ESQ., F.R.S.,

The President for the ensuing Year.

The Report of the Council will then be read by the Secretary; after which cases and communications will be read, and other necessary business transacted.

On Wednesday evening, at eight o'clock, the Association will re-assemble, in St. Andrew's Hall, when Members will again have an opportunity of reading cases or other short communications.

On Thursday morning, at half-past eight o'clock, the Members of the Association and their friends will breakfast together at the Assembly Rooms, Tickets two shillings and sixpence each; and at twelve o'clock the same day a General Meeting of the Members will again be held at St. Andrew's Hall, when the Retrospective Address on Medicine will be delivered by Dr. Ranking, of Buty St. Edmunds, and cases and other communications will be read.

On Thursday evening, at six o'clock, the Members and their friends will dine together at the Assembly Rooms, Tickets for the Dinner, £1 each, including Wine, Coffee, &c.

Members and Visitors, on arriving in Norwich, are requested to apply at the MEDICAL LIBRARY, situated at the Museum and Literary Institution Rooms, St. Andrew's, Broad Street, where, on registering their names, they will be supplied with Tickets of admission, not only to the Meetings of the Association, but also to such Scientific and Charitable Institutions as may be deemed worthy of attention.

The principal Hotels, conveniently situated, are the Norfolk, the Royal, the Bowling Green, the White Swan, and the Rampant Horse.

Further particulars may be obtained by addressing Mr. CHATER, Surgeon, King Street, or Mr. J. BAILLARD PITT, Surgeon, St. Stephen's Street, who act as Honorary Secretaries to the Committee, in Norwich. Lodgings can be obtained if required.

Gentlemen who purpose attending the Breakfast or the Dinner, are requested to make early application to Mr. CHATER, or to Mr. J. BAILLARD PITT, that the arrangements may be completed. Those gentlemen who have not previously received Tickets to the Breakfast and the Dinner, can obtain them only at the Medical Library Room, where a person will be in constant attendance during the days of the Meeting.

The Secretary of the Association will be in attendance to receive the Subscriptions and Arrears from those who have not previously had an opportunity of paying them, and those Members who do not attend the Meeting, and wish to remit their Subscriptions, may readily do so through friends who attend the Meeting, or through their own Bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, the Treasurers of the Association; or the same may be remitted by Post-office order to Dr. Hastings, or Dr. Streeten, Worcester.

ROBERT J. N. STREETEN, M.D.,

Secretary to the Association.

The objects of the Association will be much promoted by Members making its advantages known among their medical friends and acquaintance. Gentlemen desirous of joining the Association are requested to apply to some Member of the Council of the Association, residing in the immediate neighbourhood; or where there is a Branch Association, to the Secretary of the Branch.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

 Orders and Advertisements are received by DEIGHTON AND CO., Worcester; and in London by

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WEDNESDAY, AUGUST 12, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

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ROBERT J. N. STREETEN, M.D.

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ADVERTISEMENTS.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

NOTICE IS HEREBY GIVEN, that a General Meeting of the Members of this Association will be held at the HANOVER SQUARE ROOMS, on WEDNESDAY, the 12th of August, at Seven o'clock precisely,

R. R. PENNINGTON, Esq., in the Chair,—

to receive a REPORT from the Provisional Committee appointed at the last General Meeting, and to adopt the necessary means for establishing "A NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY."

Members of the profession, desirous of joining the National Institute, can obtain schedules, or any information they may require, by applying personally or by letter, at the office of the Association, 294, Regent Street.

By order of the Committee,

GEORGE ROSS,

August 5th, 1846.

Secretary.

Just published, royal 8vo., cloth, price 3s.

ON WOUNDS and INJURIES of the ARTERIES of the HUMAN BODY; with the Treatment and Operations required for their Cure. Illustrated by 130 cases, selected from the Records of the practice of the most celebrated Surgeons in Europe and America, with the Critical Remarks of the Author on each. By G. J. GUTHRIE, F.R.S.

London: John Churchill, Princes Street, Soho; Henry Renshaw, 356, Strand.

EXETER HALL, AUGUST 4TH.

MR. POWER'S and Dr. J. A. POWER'S COURSES of LECTURES and EXAMINATIONS, adapted to gentlemen preparing for the Colleges of Physicians and Surgeons, Apothecaries' Hall, and other Medical Boards, will be resumed on MONDAY, AUGUST 31st.

Enquire at the Lecture Room, Exeter Hall, Strand; or at 40, Nelson Square, Blackfriars; or 3, Highgate Rise.

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TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

THE FOLLOWING ARE

THE PRINCIPAL OBJECTS

TO WHICH THE ATTENTION OF THE

PROVINCIAL

MEDICAL AND SURGICAL ASSOCIATION

IS DIRECTED.

1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmaries, or Dispensaries, or of private practice.

2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON THE SANATORY CONDITION OF PARIS, DURING THE FIRST QUARTER OF THE YEAR 1846.

(From the *Gazette Médicale de Paris*.)

The paper from which this account of the sanatory state of Paris is taken, is a continuation of a series of researches on the "Sanatory Review of the Year 1845, in relation to the state of the public health in Paris," a translation of which was given in recent numbers of this Journal. The conclusion which was arrived at from these researches was, that "the weight and the temperature, whether considered by themselves, or in their variations, do not appear to exercise any appreciable influence on the public health, or at least on the movement of the hospitals. The degree of humidity of the atmosphere, and the direction of the winds, on the contrary, appear to exert a well-marked influence."

It is unnecessary here to give the meteorological tables and details referring to the atmospheric changes occurring during the period now under review, the general results of these observations will be sufficient for the right understanding of the facts which are to follow:—

The first three months of the year 1845 [1846] have been characterized—1st, by an unaccustomed elevation of temperature; 2nd, by a very considerable degree of atmospheric pressure; 3rd, by the small quantity of rain fallen; 4th, by the prevalence of south and west winds; 5th, by the infrequency of great and sudden atmospheric disturbances. These several conditions were more marked in the month of February than in January or March. We proceed to examine their relations with the variations of the public health, and to shew the sanatory movement of the quarter, under the three-fold relation of the forms, the frequency, and the severity of disease.

FORMS OF DISEASE.

The first fact which strikes us is the relative infrequency of the more common diseases of winter—such as acute affections of the respiratory passages and of the joints. Not only were these diseases rare, but they were, with some exceptions, to be presently alluded to, in general mild. Pneumonia commonly yielded to two or three bloodlettings; bronchial catarrh was far from being frequent, and occasionally the thoracic affections assumed rather a neuralgic than an inflammatory character. We have seen for instance, in persons not inclined to asthma, intense dyspnoea, with wheezing inspiration, sense of constriction at the epigastrium,

blue lips, eyes surrounded with a dark circle, &c., suddenly supervene; and all without pain in the side, abnormal dulness, traces of rale, the least heat of skin or any other symptom of fever. The pulse even was not usually accelerated, but was oftener slow, and with an intermittence more or less marked. Immediate relief was experienced from a bleeding from the arm, but when this had once been performed the antiphlogistic treatment was altogether contra-indicated; narcotics had little effect, but great advantage was experienced from the employment of stimulants, both local and general,—ammoniacal frictions, or the application of rubefacients at the base of the chest, along the attachments of the diaphragm, over the præcordial region, and along the dorsal spine; internally, camphor, musk, strong coffee, &c. In other cases the affection of the chest put on more particularly the neuralgic form, and never perhaps at this period of the year had a greater number of inter-costal neuralgias been observed; they were very readily subdued by blisters sprinkled with morphine.

Though the ordinary diseases of winter were infrequent, the affections which more particularly belong to summer and autumn, were in a corresponding degree prevalent. From the beginning of January, and during the whole course of the three months, gastric fevers were very frequent, sometimes taking on the form called mucous, but more frequently occurring with a marked predominance of bilious symptoms; yellowish tint of the face and conjunctivæ, nausea, vomiting of porraceous matters, sense of fulness at the pit of the stomach, alternations of constipation and diarrhoea, giddiness, heavy or disturbed sleep, some heat at night, and general sense of weakness, were the most marked and the most usual accompaniments of the reigning abdominal affections. In some patients the epigastrium was the seat of a sense of sinking, which imperatively called for the administration of food; in others, on the contrary, it was extremely painful, the pain being increased by the slightest pressure, and shooting on each side under the false ribs and into the dorsal region. In one subject who was under treatment for a most intense bilious affection, with saffron-coloured tongue, continual nausea, disgust of food, and obstinate constipation, the symptoms of a sort of gastric or rather pancreatic catarrh, finally appeared; and at this period of the disease, and after the repeated use of emeto-cathartics, the bilious symptoms had disappeared, but the patient had daily vomitings of an enormous quantity of fluid, presenting the characters of saliva, being sometimes very slightly acid, but more often neutral. This condition

slowly yielded to the application of two large issues over the epigastrium, and the use of catechu internally. Finally, in some patients, the disease chiefly shewed itself in the middle or lower portions of the digestive tube; in these, the appetite was not affected, the tongue scarcely furred, the epigastrium free from pain, but digestion was accompanied with colic, secretion of fœtid gases, and irregularity in the action of the bowels. Several cases of serous diarrhœa without symptoms of inflammation occurred in children, and yielded to the use of quinine and animal diet.

In the course of the month of February, when gastric fevers had already prevailed for some time, a considerable number of cases of typhoid fever were noticed. Most commonly these fevers put on the ataxic character, and were accompanied from the commencement with violent headache, sometimes limited to a circumscribed spot of the head, and of which the patients steadily complained until the setting in of delirium. This form was very generally fatal. We have elsewhere referred to a case of typhoid fever, which resulted in the critical formation of an enormous anthrax on the hip, and which M. Rayer has described under the name of *fièvre typhoïde charbonneuse*. We have also frequently seen certain symptoms usually among the precursors of ataxic fever—such as obstinate cephalalgia, with general prostration, heat of skin, and quick pulse, continued for eight, ten, or twelve days, without the accession of fresh symptoms, and thus constituting in themselves an affection which we shall vainly seek in nosological systems. Besides the case referred to, the practice of M. Rayer has offered one still more unusual, characterized by very strongly marked precursory typhoid symptoms, jaundice, followed by intestinal hæmorrhages, and numerous spots of purpura hæmorrhagica. The patient died about thirty-six hours after the formation of the jaundice, and on examination of the body a phlegmonous abscess of the liver was found, the characteristic lesions of typhoid fever, and in particular the tumefaction of the glands of Peyer and of the mesenteric glands, were entirely wanting.

Typhoid fever is sometimes complicated with genuine peritonitis, without perforation of the intestines. In two cases, elsewhere reported, this affection shewed itself during convalescence from the primary disease, but in addition a certain number of cases of simple idiopathic peritonitis were received into the Hospitals, chiefly towards the end of March.

It is well known that remittent fevers are of rare occurrence at Paris, and especially during the winter; but in the months of January and February a certain number of cases of these fevers were observed, both in hospital and private practice, for the most part taking on the adynamic type. If, without looking too much to this latter character, and especially taking into consideration the type of the fever, the sulphate of quinine was boldly administered, the cure was quickly obtained, and the success so certain and so rapid is in itself, an evidence of the specific nature of the affection. Several cases of confirmed malignant fever, with well-marked exacerbations, were also observed in the town. In one of these death took place during the third paroxysm, notwithstanding the employment of sulphate of quinine in large doses; the quinine treatment, assisted by the occasional application of

leeches behind the ears, with a view of combating the cerebral symptoms, the consequences of the paroxysm, proved more successful in the others.

It has been ascertained that about the months of March and October of each year, puerperal fevers are prevalent in lying-in hospitals; this year, from the month of February, and during the whole course of the month of March, these fevers were frequent in all the lying-in establishments, as well as in those hospitals into which recently delivered females had been received; frequent examples also, though less numerous, occurred in private practice. This diffusion of the epidemic in different localities, and under different circumstances, points to some other origin besides crowding and infection, and implies a more general occult cause; and as we have just seen that certain symptoms premonitory of typhoid fever may detach themselves, so to speak, from the entire morbid type, and become isolated in certain patients, so certain symptoms connected with the generative organs, forming part of the group of symptoms which constituted the reigning puerperal fever, presented themselves in an isolated form, in women who had been delivered twelve or fifteen days, and even in patients who were neither pregnant nor had been recently delivered. Among these were deep-seated hardness in the cellular tissue of the pelvis, pains of the kidneys, and of the lower part of the abdomen, &c.

Finally we may remark, that measles, for the most part of a malignant character, was very prevalent during the months of February and March, carrying off a considerable number of patients.

Such is a summary of the principal diseases which prevailed during the quarter; it remains to show on what common foundation these several variations of form rest. This foundation is extremely limited; adynamia and ataxia form its essential character, and are the only two expressions which can give the general physiognomy of all these affections, so different in their seat, anatomical alterations, and symptomatology, as the indication of the principal traits of this physiognomy, in each of the affections which have just been passed in review will shew.

(To be continued.)

TWO OUNCES OF POTASSÆ NITRAS TAKEN IN MISTAKE FOR EPSOM SALTS.

By WM. GILLARD, Esq., Surgeon, Totness.

(Read at the Annual Meeting of the South-Western Branch of the Provincial Medical and Surgical Association, held at Exeter, Thursday, July 16, 1846.)

January 14th, I was sent for by Captain C., residing about two miles from me, one of whose grooms had taken two ounces of nitrate of potass. He said about five minutes after having taken it, he felt a burning pain in his stomach, which was immediately followed by sickness; he then suspected it to be nitre, as he had that evening brought it home with the packet of Epsom salts. On finding it to be the case, he desired that Captain C. might be told of it, who requested him to take some mustard in hot water, and kept up the sickness until I arrived, which I considered sufficient to empty the stomach. As he still complained

of the burning pain in his stomach, I gave him about three drachms of carbonate of magnesia, with half a drachm of tincture of opium in four ounces of water. I then ordered him to take another dose of magnesia after three hours, to be plentifully supplied with diluents during the night, and to take an ounce and a half of castor oil in the morning.

15th. He had rested well during the night; the castor oil had acted freely, and he was quite free from pain. To remain in bed, take some meat-broth, and repeat the oil on the following morning.

16th. Quite comfortable. To get up and have meat.

18th. Thought he had some pain in his back. I ordered him half a grain of opium, and fifteen grains of powdered gum-arabic, to be taken in water three times a day for two days; when he said he was quite well, and returned to his work, and has never since complained.

Cases similar to the foregoing have been recorded, in which the nitrate of potass has been swallowed in mistake for Epsom salts. Mr. John Butter, of Plymouth, relates the following in one of the earlier volumes of the *Edinburgh Medical and Surgical Journal*:—

Mrs. E., aged 25, had bought a quarter of a pound of nitre, and two ounces of Epsom salts at the same time, and placed the two papers on a chimney piece, near to each other. Feeling unwell on the following morning, she continued in bed, and desired her husband to mix half of one of the papers in some warm water, and give the mixture to her, intending to have taken about an ounce of the Epsom salts. Instead of the paper of salts, that containing nitre was taken by mistake, and half of it mixed in some water. Almost as soon as the solution was swallowed, vomiting ensued, first, of the contents of the stomach, and then of blood. When Mr. Butter saw the patient, which was about an hour after, he administered a bason of warm water immediately, and ordered the same quantity to be given after each vomiting, and then hastened to procure some mucilage of gum-arabic, four ounces of which, with a few drops of laudanum were given, and remained on the stomach for twenty minutes. The subsequent treatment pursued by Mr. Butter, was the frequent administration of copious mucilaginous drinks, thick gruel, linseed tea, &c., with an occasional dose of mucilage of gum-arabic and laudanum, but the vomiting continued at intervals for some hours, and on the following morning blood was observed in the evacuations. Much burning pain, with spasms, was felt in the stomach and all over the abdomen for three or four days, but at the end of a week she was convalescent.

It has been questioned by some writers whether nitrate of potass can be considered as a poisonous substance. Mr. Butter's case, however, was very nearly terminating fatally, and in the following cases, quoted by Orfila, death actually ensued:—

A man, attacked with periodic fever, took by mistake an ounce and a half of nitrate of potass. Very shortly after extreme pain, with a feeling of internal cold, was felt in the stomach. Sense of sinking and faintings rapidly followed, and in less than ten hours the patient expired.

A lady, affected with erysipelatous redness of the leg, took, as a purgative, an ounce of crude saltpetre, dissolved in a glass of water, with the addition of two

ounces of syrup of apples. (The nitre had been sold by the druggist in mistake for sulphate of magnesia, which had been prescribed.) Cardialgia, nausea, painful vomitings, purging, and convulsions followed in about a quarter of an hour after swallowing the dose. These symptoms were succeeded by syncope, failing of the pulse, coldness of the extremities, burning pain of the stomach, and torturing pains in the abdomen, which nothing could relieve. Death took place in three hours. The stomach was found, on examination, intensely inflamed from the cardiac orifice to the pylorus with patches of approaching gangrene.

CASE OF CATARACT IN BOTH EYES: OCCURRENCE OF THE AFFECTION IN THE MALES OF THREE GENERATIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Considering the following an interesting case, I trouble you with it. Should you think it worthy a place in your Journal, you will, by its insertion, oblige

Your humble servant,

SAMUEL SUMNER DYER, M.R.C.S.

Late House Surgeon to King's College Hospital.
Ringwood, August 8, 1846.

William Wiseman, aged 62, originally a labourer, but latterly, from his inability to work, through total blindness, living unemployed upon parochial allowance, a native of Burley, in the New Forest, where he has always resided, applied to me in February last, and made the following statement:—

That he was one of a large family; that his father had never had good sight from childhood, becoming totally blind at fifty-four years of age, but was afterwards operated upon for cataract, and was much benefitted by the operation, being, up to the time of his death, which happened some years after, enabled to read small print with facility; that the sight of his sisters was good—that of the brothers always imperfect; one died young—another now resident near this town is quite blind. He, himself, “always had a mist before his eyes,” has been blind for twenty-one years, and unable to distinguish dark from light for the last two years. He has two sons, both with imperfect vision, (in one a cataract is forming,) and a daughter, whose eyes are perfect. The second son is married and has a large family, the sons are purblind, the sight of the daughters being perfect. I have seen all these individuals at different times. Their eyes have a peculiar lustre, the pupils act well, but there is that constant motion of the eyeball, evidently dependant on its not being fixed on any particular object.

The man, who applied to me, remembering his father's case, was very anxious that something should be done in his, and as his general health was excellent, and he could distinguish a bright light when the pupils were acted upon by belladonna, I felt but little hesitation in complying with his request. Accordingly, I performed the operation of depression in both eyes during the last month, my father fixing the eyes with

Pellier's speculum, whilst I used the needle recommended by Scarpa. The steps of the operation were exactly those generally laid down for our guidance, therefore I need not trespass too much on your Journal or your reader's time by enumerating them. The eyes have been kept covered with a light piece of linen up to the present time,—eighteen days from the operation,—when he can distinguish any object (even of the size of a shilling,) at seven yards distance. Very little inflammation has resulted from the operation, and the only after-treatment has consisted in partial exclusion of light, the application of cold water, and the administration of three doses of a purgative medicine.

The points which I consider of so great interest in this case are—1st, the transmission of the disease to only the male subjects of three generations, none of these escaping, whilst all the females do; 2nd, the termination of the imperfect vision at a certain period, in cataract; 3rd, the improvement in sight after that was removed, even compared with what it was before its formation; 4th, the fact of the nerve of sight retaining its power, though uncalled for, for so long a time; and lastly the slight inflammation succeeding the above operation.

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, Assistant.)

FRACTURED CRANIUM.

CASE I.

James McPherson, aged 10, a fine healthy-looking boy, of the nervous temperament. Admitted July 20, 1845, at four p. m., having an hour before fallen down some high wooden stairs, and struck his head in the descent against a bannister which was at the bottom. He was picked up insensible, bleeding from the nose; the insensibility disappeared, and was followed by vomiting. Is much inclined to sleep, more apparently from the shock of the accident and subsequent travelling than from any injury to the head, as when he is disturbed his conduct is natural; complains much of pain of the right side of his head, and struggles violently when it is examined; eyes are unaffected; vomiting continues at intervals, and epistaxis has ceased. The right side of the head is greatly swollen, especially over the temporal fossa, which is so puffed up and doughy to the feel, as to make the examination of that part of the skull difficult; after a continued pressure has partially removed the ecchymosed blood from a little above the zygoma, the skull is found evidently fractured, feeling irregular and depressed.

To have four grains of calomel directly, with six leeches to the temples, and cold lotion to the abraded head.

21st. Much the same. Bowels not free; sleepiness gone. To have an enema, and the leeches and calomel again.

22nd. Pain relieved; slight squinting this morning; bowels free. The effervescing draught and the calomel at bed-time.

24th. Doing very well; less pain, and swelling much reduced; scarcely any constitutional disturbance. Fretted so much that he was taken home.

31st. A little weak and feverish at times only; squinting gone. Has had a few purges, and continued the lotion.

August 12th. Delicate yet, with an occasional headache; swelling of scalp almost entirely gone, and the fracture of the skull can be found extending from under the zygoma, a little in front of the ear, up on to the parietal bone, and is capable of admitting into its grooved concavity the points of three fingers. To be careful and take a purge now and then.

Attended once or twice afterwards and recovered completely.

CASE II.

Wm. Hessenton, aged 14, a healthy sailor boy. Admitted June 24, 1846, at five p.m., an hour before which he had fallen down the hold of a deep ship. Was sensible when picked up; at present is collapsed, vomits occasionally, squints, cannot see, and is much inclined to rest. Bled much immediately after the accident, but more since, from a wound about an inch long, a little internal to the left parietal prominence. There is an extensive fracture of the skull at this part, which appears to pass backwards, but from the great ecchymosis of the scalp, its exact extent cannot be defined; there is, however, a large table of bone so depressed, that the point of the finger within the wound, is able to be introduced between it and the adjoining naturally elevated edge of the bone.

Head to be shaved, and cold applied; five grains of calomel directly, and purging infusion in the morning.

25th. Collapse gone, and reaction proceeding; sensible; head uneasy and pained; slighter strabismus; pupils dilated, and sees indistinctly.

A purging injection, the calomel at night, and the cold as usual.

26th. Easier; bowels purged; no strabismus, and sleeps much. To omit the calomel.

27th. Greatly purged; delirious at times, crying much. Castor oil directly.

28th. Seems much less oppressed and pained; purging ceased; mouth very sore from the calomel. A borax gargle.

29th. Expression of face natural, and free from suffering; less fever, and less swelling of scalp, the wound of which is healed; quite sensible and lively.

July 1st. Doing well; is weak, and has a slight headache, but otherwise is as well as before the accident. The swelling of scalp is almost gone, and the injury to the skull can be plainly made out—a portion of bone, six inches long from before backwards, three inches broad in front, and one behind, has been completely broken off from the rest of the skull, and the anterior extremity, consisting of the back part of the left parietal bone, from the prominence to the central line, is surprisingly depressed, whilst the posterior extremity is close to the attachments of the muscles of the neck, and almost as much elevated above the surrounding bone as the front extremity is depressed.

15th. Has been doing well, and is so strong that he was dismissed cured.

Remarks. The necessity of not interfering with the fractured skulls of children when there are no urgent symptoms of compression of the brain, even although the depression should be both great and

extensive, could scarcely be better enforced than by the preceding cases: if the fractures had occurred in adults the treatment would have been the same, but the results in all probability less favourable. Had the trepan been used, it is impossible to say what might not have happened, but from the great mortality attending it, the prognosis must necessarily have been unfavourable.

The extent of bone injured in the last case was surprising, and no less curious, from the elevation of the one extremity, compensating in some degree for the extreme depression of the other. In the other case, from the great brittleness of the squamous portion of the temporal bone, so extensive a fracture with depression must have been attended with much comminution; and yet so efficient is nature in repairing the injuries of youth, that recovery ensued without a single bad symptom.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, AUGUST 19, 1846.

The Bill for the Registration of the Legally-qualified Practitioners of Medicine was received too late last week for more than a very brief indication of its contents. We are now enabled to give insertion to it entire, and it is due to its originator, Mr. Wakley, to state that the several provisions are both simple and effective, and leave little if anything to be desired for the purposes for which they are intended. The Bill, in its present state, embodies the whole of that part of Sir James Graham's late measures referring to the registration of qualified practitioners which was likely to prove advantageous, while it avoids all those invidious distinctions with which the late Home Secretary had encumbered and weakened his proposed plans. It has the further important recommendation of "practicability," which we much question whether the former scheme, with its supplemental divisions and appendages, possessed. Whether there is time for the bill to pass this Session is yet doubtful, but as a preliminary measure of great importance to the whole profession, on which future measures for the improvement of our medical institutions, and the due regulation of the constitution of the entire body may be based, we trust it will meet with general support. With these few observations we commend the provisions of the Bill to the careful consideration of the members of the Association.

A BILL FOR THE REGISTRATION OF THE LEGALLY-QUALIFIED PRACTITIONERS OF MEDICINE IN GREAT BRITAIN AND IRELAND.

PREPARED AND BROUGHT IN BY MR. WAKLEY AND MR. WARBURTON.

Ordered, by the House of Commons, to be printed, 7th August, 1846.

[NOTE.—The words printed in *Italics* are proposed to be inserted in the Committee.]

1. *Preamble.—Registrars to be appointed.*—Whereas the laws relating to the practice of medicine in Great Britain and Ireland are numerous and complicated, and the public possess no means of distinguishing between legally-qualified physicians, surgeons, and apothecaries, and the pretenders to a knowledge of medicine and surgery, and it is desirable that the names and qualifications of legally-educated practitioners should be duly registered by competent authority, be it enacted, by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, that it shall be lawful for one of Her Majesty's principal Secretaries of State for the time being, and he is hereby required, within one month from the passing of this Act, to nominate and appoint three fit and proper persons, being at the time of such appointment qualified to be registered under this Act, to be registrars for carrying this Act into execution, one such registrar to be called the "Medical Registrar for England," another the "Medical Registrar for Ireland," and the third the "Medical Registrar for Scotland," and also from time to time to appoint such clerks and other officers as the said Secretary of State shall deem necessary for the assistance of the said registrars in carrying into execution the provisions of this Act; and the said Secretary of State may at his discretion remove any registrar or other person so appointed as aforesaid; and upon any death, resignation, or other vacancy, may appoint other proper persons to be such registrars, clerks, and officers, respectively: provided always, that there shall be paid to the said registrars, clerks, and messengers, out of any moneys to be received by the said registrars by virtue of this Act, such salaries as shall be from time to time fixed and allowed by the Lord High Treasurer or Commissioners of her Majesty's Treasury, who may also allow such reasonable travelling expenses as may have been incurred by any registrar, clerk, or messenger, in the performance of his duties under this Act, and such other reasonable expenses of putting and carrying this Act into execution, as the said Lord High Treasurer or Commissioners of her Majesty's Treasury shall think fit.

2. And be it enacted, that all moneys received by the registrars aforesaid in carrying this Act into execution, shall be paid by them into the Bank of England, at such times and in such a manner as the Secretary of State aforesaid shall direct, to the credit of the Lord High Treasurer or Commissioners of her Majesty's Treasury, and in the name of the "Medical Registration Fund of Great Britain and Ireland."

3. *Register of names and abode of Medical Practitioners to be kept.*—And be it enacted, that the several

registrars shall, within thirty days after their appointment, and shall from time to time, proceed to register, in books to be kept for that purpose, without any fee whatsoever, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary, who shall apply to be registered, and who, prior to the passing of this Act, shall have taken a degree in medicine in any English, Irish, or Scotch university, or who shall state his place of abode, and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said registrars, of his having obtained a diploma, certificate, or license to practise as a physician, surgeon, or apothecary, dated prior to the passing of this Act, and granted by any English, Irish, or Scotch college or hall, or any corporation, sole or aggregate, in England, Ireland, or Scotland, legally entitled to grant the same at the time of the *passing of this Act*, and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in schedule (A) to this Act annexed, and also to every surgeon and assistant-surgeon of the army and navy who shall apply for the same, and whose warrant of appointment bears date prior to the first day of August, one thousand eight hundred and fifteen, and to every physician, surgeon, and apothecary, upon the payment of two pounds, who, *after the passing of this act*, shall take a degree in medicine as aforesaid, or produce a certificate, licence, or diploma, as aforesaid, dated subsequently to the *passing of this Act*, and shall deliver to the said registrar a statement of his place of abode.

4. And be it enacted, that the several registrars shall issue certificates according to the form in schedule (B) to this Act annexed, to every person who shall have been registered as aforesaid, and shall apply for the same, and shall state his then place of abode: provided always that the said registrars shall issue such certificates for that part of Great Britain and Ireland only for which they shall severally be appointed to act.

5. *Fee to registrar for his certificate.*—And be it enacted, that every person applying for such certificate shall, upon his application for such certificate, pay to the registrar a sum not exceeding five shillings, and such certificate shall bear date on the day on which the same shall be issued, and shall continue in force until the *thirty-first day of December, one thousand eight hundred and forty-seven*, and no longer: provided always, that it shall be lawful for the said registrars, and they are hereby required, at any time on or before the fifteenth day of December in every subsequent year, upon the application of such persons as shall be then registered, to issue such certificates in like manner in all respects as aforesaid, subject to the payment of a sum not exceeding five shillings as aforesaid, which said certificates shall take effect from the day of the date thereof, and shall continue in force until the thirty-first day of December in the year next following that in which the same shall be granted, and no longer.

6. *Register of certificates to be kept.*—And be it enacted, that each of the said registrars shall duly record in a book every certificate which he shall issue as aforesaid, and in the month of January in every

year shall cause to be printed a correct register, arranged alphabetically, of the names of all persons to whom he shall have so issued certificates during the year preceding the fifteenth day of December then last past, according to the provisions of this Act, together with their places of abode, and a description of their qualification or qualifications, and such registers shall be respectively called, "The Medical Register for England," "The Medical Register for Ireland," and "The Medical Register for Scotland," and a printed copy of the register for the time being, so published as aforesaid, shall be evidence in all courts, and before all justices and others, that the persons therein specified have obtained a certificate according to the provisions of this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person has not obtained a certificate according to this Act; and copies of such medical registers shall be furnished by the respective registrars to every person who shall apply for the same, upon the payment of a sum not exceeding one shilling for each copy.

7. *Persons omitted in original register may obtain subsequent certificate upon application to registrar.*—And be it enacted, that if any person entitled by this Act to obtain a certificate as aforesaid, whose name, or correct description, or abode, does not appear in such medical register as aforesaid, shall at any time apply for a certificate to any of the registrars aforesaid, and shall prove to the satisfaction of such registrar either that he is a person whose name, through neglect or mistake, has been omitted from the medical register then current, or that he purposes commencing or resuming practice, or of changing his abode before the first day of January in the ensuing year, every such applicant shall be entitled to obtain from the registrar appointed for that part of the United Kingdom in which he resides, upon payment of *twenty* shillings, and sending his name and then place of abode, together with a description of his testimonials, a certificate as aforesaid, to take effect from the day of the date thereof, and to continue in force until the first day of January then next ensuing.

8. *Persons not possessing certificates prohibited from acting as medical practitioners in public offices and other situations.*—And be it enacted, that from and after the *first day of January, one thousand eight hundred and forty-seven*, no person who does not possess a certificate in force according to the provisions of this Act, shall be deemed capable of acting in any part of Great Britain or Ireland, in the capacity of a physician, surgeon, apothecary, surgeon-apothecary, or other medical officer in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poorhouse, parish union or other public establishment or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age; and wherever by law it is provided that any act shall be done by a physician, surgeon, apothecary, or medical or surgical practitioner, by whatever name or title called, such provision shall be construed, after the *passing of this Act*, to mean a person possessing a certificate in force according to the provisions of this Act, and such

persons only; and the certificate or evidence of any person not possessing a certificate as aforesaid, given after the passing of this Act, shall not be received as the certificate or evidence of a physician, surgeon, or apothecary, or medical or surgical practitioner, in any court of law or equity, or in any matter or thing in which, by law or custom, the certificate or evidence of a physician, surgeon, apothecary, or medical or surgical practitioner, is or shall be required.

9. *Medical Practitioners exempted from serving on juries, and in the militia.*—And be it enacted, that every person who shall possess a certificate under the provisions of this Act, shall be exempt if he shall so desire, from being summoned or serving on all juries and inquests whatsoever, and from serving in the militia, all corporate, parochial, ward, hundred and township offices, and their names shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid, and no person shall be entitled to such exemption as aforesaid on the ground of being a physician, surgeon, or apothecary, who does not possess such certificate as aforesaid.

10. *For certain offences, names of Medical Practitioners to be erased from the Register.*—And be it enacted, that if any registered physician, surgeon, or apothecary, shall be convicted, in England or Ireland, of any felony, or in Scotland of any crime or offence inferring infamy or the punishment of death or transportation, or if it shall be found, by the judgment of any competent court, that any such physician, surgeon, or apothecary shall have procured a certificate under this Act by any fraud or false pretence, or that any such physician, surgeon, or apothecary has wilfully and knowingly given any false statement, evidence, or certificate in any case in which by law the evidence or certificate of a physician, surgeon, or apothecary, is required, it shall be lawful for any registrar, on production before him of an office copy or extract of the conviction or judgment of the court, duly certified under the hand of the proper officer of the court, to cause the name of such physician, surgeon, or apothecary to be erased from the register; and every person whose name shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered physician, surgeon, or apothecary, as the case may be, and shall not be entitled then or thereafter to obtain such certificate as aforesaid.

11. *Penalty for obtaining Certificate by false representations.*—And be it enacted, that if any person shall wilfully procure or attempt to procure a certificate from any registrar, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, or shall by any false or fraudulent means whatsoever possess, obtain, use, or attempt to possess, obtain, or use any certificate as aforesaid, every such person so offending, and every person aiding and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence, and thereupon it shall be lawful for the court before whom such offender shall be tried and convicted, to sentence such offender to be imprisoned, with or without hard labour, for any period of time not exceeding six calendar months.

12. *Penalty on unqualified persons acting or practising as Medical Officers.*—And be it enacted, that every person appointed after the passing of this Act to any medical or surgical office for which he is not qualified according to the provisions of this Act, and who shall act or practise in such office, shall, for every such offence, forfeit the sum of Twenty pounds, to be recovered by action of debt or information to be brought in any of Her Majesty's Courts of Record at Westminster, or in the Court of Exchequer in Scotland or in Dublin, within six calendar months next after the commission of the offence, in the name of Her Majesty's Attorney-General in England and Ireland, and of the Lord Advocate in Scotland.

13. *Interpretation Clause.*—And be it enacted, that the words "medicine" and "medical" when used in this Act shall also mean and include the words "surgery" "and surgical."

SCHEDULES TO WHICH THIS ACT REFERS.

SCHEDULE (A.)

DECLARATION of PERSONS claiming to be registered as APOTHECARIES upon the ground that they were in practice as Apothecaries previous to the 1st day of August, 1815.

To the Medical Registrar for England.

I, [Samuel Baker,] residing at [6, Duke Street, Birmingham,] in the county of [Stafford,] hereby declare that I was practising as an Apothecary at [16, George Street, Hastings,] in the county of [Sussex,] previous to the 1st day of August, 1815.

(Signed,) [Samuel Baker.]

Dated this [6th] day of [October,] 1846.

SCHEDULE (B.)

By virtue of the powers vested in me by an Act of Parliament passed in the tenth year of the reign of Her Majesty Queen Victoria, intituled, "An Act for the Registration of the legally-qualified Practitioners of Medicine in Great Britain and Ireland," I hereby certify that

[James William Thomson,]

residing at [15, Ormond Street, Manchester,] in the [county of Lancashire,] has been registered according to the provisions of the said Act, as

A MEMBER OF THE FACULTY OF MEDICINE OF [ENGLAND;]

and that he is entitled to all the powers and privileges conferred by the said Act. This certificate will remain in force until the 31st day of December, [1847], and no longer.

(Signed,) [Henry Brown.]

Medical Registrar for [England.]

Dated August 4, 1846.

FURTHER REMARKS ON THE OBJECTS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

By DAVID BELL, M.D., Physician to the Ludlow Dispensary.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The paper that I ventured to forward to you, and which you thought proper to publish in the Journal of the 22nd ultimo, under your own title, "On the objects of the Provincial Medical and Surgical Association," was composed by me with the single motive of laying before the members of the Association my sentiments on the state of the arrangements that had been made for the publishing of its Transactions, &c., as well in the Journal as in the annual volume; and also to express the result of my own reflections in regard to the government and modes of practice of the profession, with a view to suggest such hints as might lead the members at the annual meeting, about to be held, to state their opinions upon the subjects they embraced. I had little conception that they would be the means of bringing about a "paper war," which, from the tenor of *some* communications already addressed to you, I am justified in concluding, has been commenced. To avoid, if possible, its further progress, however, I shall at once proceed to state, that *nothing shall tempt* me to resort to personalities, such as have been indulged in by *two* parties, but that I will endeavour to imitate the gentlemanly bearing exhibited in the letters of Doctors Hull, Williams, and Dillon.

It is then very clear that the two latter have embraced the same views as myself in regard to the necessity there is for improving the Journal, and by this means gaining accession of strength in its members to the Association; indeed, these gentlemen have spoken out much more freely than I did on this part of my subject, and I am therefore quite satisfied with their aid to the correctness of my views upon it, but of course it will remain for the majority of the Association to decide the point.

In further venturing to take a glance at the necessity there is, in my opinion, for the Association to take cognizance of the conduct of its members, in their treatment of each other in the relative branches of their practice, I threw out some hints which I thought it might be well to observe, but certainly without the intention of setting *myself* forward as one whose dictates were to be considered infallible. Your Bedford correspondent appears to me to have made up his mind to attack every one who cannot assent to the establishment of a "National Association of General Practitioners," and, perhaps, it will be only an act of charity in *its mildest sense*, to excuse him for this conduct; for when a man has written and published a pamphlet on a "*pet*," scheme, it is very natural that he should use every effort to overcome the sentiments of those who feel otherwise than *he* has expressed himself. I proceed to explain myself more fully in regard to my former paper that has produced from his pen a long string of interrogations; and I would beg it to be *distinctly* understood, that I am addressing you and the Association, *but not him* in particular.

It would, I think, be superfluous in me to say one

word more in regard to my statement respecting the Journal and Transactions, for those gentlemen who have addressed themselves to this department of my paper, (and whose productions do them credit, as I have already stated, for their propriety of sentiment and diction,) have satisfied me of the correctness of this; I will therefore endeavour to show, by the spirit of the following remarks, how little I am inclined to ask from others what I am unwilling to concede to them, and how little I feel inclined to apply a "*lash*" to any man or body of men.

It is impossible, I conceive, for a person to state his opinions of the doings of any public body, without laying himself open to be cavilled at by parties who have *one particular* object in view, and who, like one of your correspondents, has put himself in the position of advocate for a *particular* scheme. I will therefore only say that on reviewing my expressions in respect to the College of Physicians and the Apothecaries' Company, I cannot see that I have said anything disrespectful of *individuals*, and having thus *eschewed personalities*, I have no cause to be dissatisfied with myself for exposing regulations of corporate bodies, that may have originated under circumstances that no longer call for their continuance. The Apothecaries' Company, if I mistake not, have "*insinuated*," that surgeons admitted to all the privileges of "*general practitioners*," (as it had been proposed to do,) without *their* license, would be deficient in qualification; and licentiates of the Apothecaries' Hall only, it has been contended by surgeons, ought to be considered unequal to the privileges that "*The National Association*," would afford them, so that I cannot think that I have said too much on this head, when "*I suppose it must, if it attain its object, legalize many persons who have not had a proper professional education.*" Might it not be reasonably deemed very unfair to those gentlemen already in practice, who have been at the trouble and expense to secure what the regulations required of them, by becoming members of the College and Hall, to have others who had only obtained *one* of the qualifications, placed on the same terms with them?

I have said that I think two grades ought only to exist in the profession in *practice*, and I am still in the same belief, but then I mean by this arrangement, that the surgeon should not only be, but should be considered to be, a person having a general knowledge of his profession, and consequently capable of practising it in all its branches, (though under peculiar circumstances he may be an operating surgeon only,) and relieved from the necessity of being looked upon as a mere apothecary, which in too many instances is the case; and on the other hand, that the physician, who, in the first instance, is educated in every way as the surgeon, should in addition have had the opportunity of increasing his stock of general and professional knowledge, by visiting the different schools and hospitals in our own country, and as many as he can of those in other countries, and so be the better enabled to aid and assist those who may call him to their consultations.

To those who say that the education of the surgeon is as good as that of the physician, and that it is *all a matter of form* to talk otherwise, or to elevate the one at the expense of the other, I would just state, what every body knows, that in too many instances this is

the case; but I am *not* talking of what *is*, but what *ought* to be, as a general rule; for that numerous exceptions must ever exist, I can readily foresee. To shew, however, that I am no stickler for "division" or "distinction," on any other score than, that I think it better for all parties, I have no objection, (so far as, I, myself, am concerned, although I am sure the public will still make distinctions,) should the majority of the profession desire it, that only one qualification should be resolved upon—viz., M.D.; and that there should be a fair and honest understanding established, that the practice would be alike open to the competition of all; but I most certainly never can allow myself to consent to evasions being practiced under the *cloak* of titles.

I have no objection whatever to a surgeon, practising as such, placing M.D. after his name, if he has a degree and chooses to do so, but I do object to his practising as a *physician*, surgeon, and accoucheur, while he binds the man who has ostensibly confined himself to the practice of a physician from interfering in the slightest degree with anything but *consulting* practice. A man styling himself "Surgeon, M.D.," does not affect the physician, but if he calls himself "Doctor," he assuredly does, because this title is synonymous with physician, and is understood to be so by all educated persons, as well as the profession. A physician, in my opinion, interferes with a surgeon or "general practitioner," not by performing any of his duties in his absence, if he choose to do so, or from circumstances feel compelled to do so, but by receiving the remuneration for them, or by preventing the surgeon from being called in, or continued, as the case may be. I do not *indeed* consider that "the dispensing of medicine" constitutes general practice, but I deem such to consist in the combined practice of surgery, midwifery, and medicine. I would not degrade a surgeon by entertaining, for a moment, the "proposterous" idea that his mode of practice was denoted by the medicine sent out.

I have no desire to affect such presumption as to have "an Act of Parliament of my own making," but I do think it would be well that the profession were so regulated in its principles and practice as to supply a class of consulting men—physicians—who could be called in upon *all* necessary occasions, from their general professional knowledge, and that an understanding existed to this effect. My opinion may be "singularly at variance" with the members of the National Association, but they are a small proportion of the profession, I should say, even by the acknowledgment of your Bedford correspondent; and in spite of all that has been said to the contrary by this new body, I maintain that it would be to the advancement of the surgeons to eschew it, and insist upon what I also maintain may be accomplished, their proper places in the College of Surgeons. "Virtus et perseverantia omnia impedimenta postremo vincent."

I have not the slightest "lurking disposition" to pursue a course that will tend to disunite the two *proper* grades or divisions of the profession, but on the contrary am anxious to see them both occupy, what they are fully entitled to, the position of gentlemen, and by their conduct to each other, in every relation of life, to shew to all around them that they are such.

I am sorry thus to occupy your space, but it is not

with my own wish or inclination that I do so, and I hope to be indulged while I advert to some remarks in a letter from your *Ladlow* correspondent of the 25th July, and this I will do without the slightest feeling of "indignation." I am satisfied then, that the tenor of my communication will tend much more "to promote the interests of the Association" than that of this party; but I would at once state that I meant to apply my observations *generally*, and *not* to *any particular* place or person, and am a little surprised to find this individual, (not a member, I think, of our Association,) feel so keenly the remarks. I found no fault with the mode of acquiring degrees, and if this person feels that he has received the "highest honour of his profession," I wish him every happiness in the enjoyment of it, and trust that he may be long spared to turn it to a good account for his patients and himself. But I may be permitted to ask for a piece of information that might be interesting to the profession here, and satisfactory to those who have perused his remarks on the College of Physicians. Does *he* practise as a physician? If so, has *he* a license from the London College? for without it *he*, of course, by *his own written* acknowledgment or confession, would be an "illegal practitioner!"

To prevent any misconception as to the mode in which I acquired my degrees, I would now proceed to state, with a feeling of *honest pride* and *satisfaction*, that after seven years (nearly) of hard study, and with no common share of opportunities for gaining information, (however little I may have had the talents to improve them,) I acquired the degree of C.M.; and that, after two years more of practical and theoretical labour, I obtained the degree of M.D. From whom, and through whom, did I gain my instruction and honours? From the chemist—"Thomson;" from the surgeon—"Burns;" from the physician—"Badham;" from the botanist—"Sir W. Jackson Hooker;" from the anatomist—"Jeffray;" from the Ophthalmologist—"Mackenzie," &c., &c.; from a Hospital of the first magnitude; from an University that can boast of the museum of a "Hunter." And are not these sources of which I ought to feel proud, rather than ashamed? It has been my good fortune to have received from some of these professors the kindest attentions, as a pupil and as a practitioner. It has further been my good fortune, during a period of sixteen years, to become acquainted with, and secure as my friends, fellows and members of all the colleges of the metropolitan cities of our empire, and to make the acquaintance and friendship of not a few eminent physicians and surgeons abroad.

Finally, I leave my "hints," which were intended for it *only*, in the hands of the Annual Meeting, and shall not trouble you further on the subject.

I am, Sir,
Your very obedient servant,
DAVID BELL, M.D., et C.M., Glasg.

CONDUCT OF THE POOR-LAW AUTHORITIES TOWARD THE MEDICAL OFFICERS OF UNIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Observing that the attention of the members of the Provincial Association has been much directed to the proceedings of the Poor-Law Commissioners and different Boards of Guardians, I forward the following correspondence, which speaks for itself, and if you think desirable, it is at your service for publication in the next number of the Journal.

I am, Sir,

Your obedient servant,

JOHN PRANKERD,

Surgeon.

Langport, Somerset,

August 13, 1846.

To the Poor-Law Commissioners.

Langport, May 4th, 1846.

Gentlemen,—I beg to submit the following case for your consideration, not so much as a matter of dispute, but for the future guidance of the Guardians and medical officers of the Langport Union, who in unison with myself request your judgment. On the 3rd of January ult., I was called late at night by a medical order, brought by the husband, to attend Louisa Lock, residing at Muchelney Ham, nearly three miles from my residence. On arrival I found she had lately been confined; that on coming down stairs to a very damp room, a few days previously, she had taken cold; and after suffering some time, the pain became so violent, as to render my immediate attendance necessary. The attack proved to be one of puerperal peritonitis, and demanded the most active treatment, viz.,—bleeding, calomel, opium, turpentine, fomentations, &c. &c. The case lasted over one week, requiring a daily, and sometimes twice a day, attendance. Shortly after her recovery, I sent an account of the case to the Guardians of the Union, as one of extra medical relief, making a charge of one sovereign, which the Guardians declined paying; and at an interview with the board, on Tuesday last, I found it was because my attendance commenced on the eleventh day after the birth of the child, which circumstance they considered did not come under the provisions of the General Medical Order of 12th March, 1842, Article 12, which specifies, that in cases in which any medical officer shall be called on to attend any woman at, or immediately after, childbirth, &c., he shall be paid for his attendance and medicines, by a sum of not less than 10s., and not more than 20s., &c. I contended that being a case dependent entirely on the puerperal state, it was one which the medical order contemplated. The Guardians by no means objected to the charge as such, and considered the case severe, but wished the matter should be referred to another authority for decision. The case is then simply one of time, the Guardians believing they are only liable for cases occurring immediately after childbirth; on the other hand, I have considered the medical order includes *all severe cases* occurring, as the result of childbirth, and as puerperal peritonitis is allowed by authorities to come on at any time within

three weeks from the birth of a child, I feel that I am entitled to the charge. Awaiting the result of your deliberation,

I am, gentlemen,

Your obedient servant,

JOHN PRANKERD, Surgeon.

DISTRICT No. 1—A—*Langport Union, County of Somerset.*

Langport, 13th May, 1846.

Gentlemen,—The Guardians of the Langport Union desire me to inform you, that they concur in the within statement of Mr. Pranker, and will thank you for as early a reply as you can conveniently give them.

Your obedient servant,

J. F. H. WARREN,

Clerk to the Union.

The Poor-Law Commissioners.

Poor-Law Commission Office, Somerset House,
May 18th, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 13th instant, and with reference to the claim of the medical officer, Mr. Panker, for a payment of a fee of £1 for attending Louisa Lock, after her confinement, to state that the Commissioners think that attendance in a case of puerperal fever, which commences on the eleventh day after the birth, does not fall strictly within the 12th or 13th articles of the Medical Order, supposing that the medical officer had not attended the case at or immediately after the delivery of the child. The Commissioners think, however, that the Guardians would be justified in making an extra allowance to the medical officer, for his attendance in *any case of puerperal fever*, not falling within the article of the order in question.

I am, Sir,

Your most obedient servant,

E. CHADWICK, Secretary.

J. F. H. Warren, Esq.,

Clerk to the Guardians of the Langport Union.

To the Board of Guardians of the Langport Union.

Langport, May 25th, 1846.

Gentlemen,—I have read the Poor-Law Commissioners' letter in reference to the case of Louisa Lock, which was referred to them for decision, and their reply is satisfactory to me, although it does not fully substantiate my claim. I have always regarded the medical order of March 1842 as a boon to the medical officers; and I am happy to find the Poor-Law Commissioners carry out this principle, as they state that the Board of Guardians would be perfectly justified in making an extra allowance in *ANY* case of puerperal fever. In the one in question they think I cannot strictly claim remuneration under the articles of the order from the lapse of time occurring from the birth, but that *some recompense* should be granted, under which circumstances I have only to leave the result in your hands, and subscribe myself, gentlemen,

Your obedient servant,

J. PRANKERD, Surgeon.

Louisa Lock's Case of Puerperal Fever.

Langport, May 26th, 1846.

Dear Sir,—The Board of Guardians have discussed your letter of yesterday on this case, but cannot entertain the request of it. They therefore desire me to say they decline paying for the attendance in this case.

Yours truly,

J. F. H. WARREN,

Clerk to the Union.

John Pranker, Esq., Surgeon, Langport.

Poor-Law Commission Office,

Somerset House,

18th May, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 12th instant, and to inform you that the Commissioners have communicated their opinion, on the subject to which it relates, to the Board of Guardians of the Langport union.

I am, Sir,

Your most obedient servant,

E. CHADWICK, Secretary.

To Mr. John Pranker,
Medical Officer, Langport.

CONDUCT OF THE POOR-LAW AUTHORITIES: REFUSAL OF THE FEE FOR REDUCING A DISLOCATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

As the subject of Medical Relief under the new Poor-Law is likely to come under the consideration of the Anniversary Meeting to be held at Norwich on the 19th instant, I enclose you a further correspondence illustrating the injustice of Boards of Guardians. I believe the Commissioners have sent a communication to the Guardians, but I am told, (though not officially,) that they do not intend to reconsider their former decision. It is important to be borne in mind, that my cases and those of Mr. Martin, are only examples of the treatment which Poor-law medical officers are daily submitting to, not daring to complain. I perfectly agree with your correspondent, Dr. Cooper, that a committee ought to be appointed to procure returns from medical officers, with a view to getting redress. Another subject that ought to be taken up by the Association is that of unqualified practitioners, for in my own neighbourhood we have one in almost every village; indeed, if something be not speedily done, we, in the country, may give up our profession. In conclusion, allow me to say, that I would much prefer that the "Volume of Transactions" should be given up than the Journal.

I am, Sir,

Your obedient servant,

W. CANTRELL.

Wirksworth, August 13, 1846.

To the Poor-Law Commissioners.

Wirksworth, July 20th, 1846.

Gentlemen,—I have again to trouble you in consequence of the unjust, if not unlawful, refusal of the

Guardians of the Ashbourne Union, to pay me for a case of dislocation. The circumstances are these :—On June the 11th, I received an order from the Relieving Officer to attend Hannah Beardsley, of Carsington, and I continued to attend her till July 11th. On the 28th of June, her son, aged 19 years, dislocated his elbow, when, without any further order, I reduced the dislocation, supposing that the order for the mother would be sufficient for the son; and if I had deferred reducing the dislocation until an order had been procured, both the Guardians and the public would have blamed me, (and very properly so.) I returned the case to the Board of Guardians weekly till well, and never heard of an objection to its being a case till I sent in my bill. I will not conceal that I make this application, not so much with the expectation of getting redress, as with the view of showing the public the treatment medical men receive from Boards of Guardians—treatment that the Guardians individually would be ashamed of. Below I send a copy of the clerk's note.

I am, gentlemen,

Your obedient servant,

W. CANTRELL.

Ashbourne, July 18th.

Re William Beardsley.

Dear Sir,—I am directed by the Board of Guardians to inform you, that as no medical order was given in this case, the charge for reducing dislocation of elbow cannot be allowed.

I am, dear Sir,

Your's truly,

Mr. Cantrell.

RICHARD HOLLAND.

Poor-Law Commission Office,

Somerset House,

31st July, 1846.

Sir,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 30th instant, in which you complain of the refusal of the Guardians of the Ashbourne Union, to allow you a fee for the treatment of a dislocation of the elbow, in the case of Hannah Beardsley, of Carsington, and I am to state that your letter will meet with the consideration of the Commissioners.

I am, Sir,

Your most obedient servant,

E. CHADWICK, Secretary.

To W. Cantrell, Esq.,
Medical Officer.

CERTIFICATES FOR LIFE-ASSURANCE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I beg to offer a suggestion which probably has no claim to originality, but which, if acted upon, may do away with an evil that now exists, much to the annoyance of the profession at large, and the detriment of those useful bodies "Life-Assurance Societies."

In order to effect an assurance, the agents of these

Societies seek in the first place to obtain from the usual medical attendant of the assurer, a certificate of his general state of health, and it is no unusual thing for them to receive a reply, requesting a fee before such certificate can be forwarded. Now, I am quite of opinion, that the fee is due for such service, but I think not from the Assurance Office, but from the person seeking the assurance. The offices pay their Medical Referee on their part, and the party who makes the assurance should certainly pay on his. In order to avoid the unpleasantness of the medical adviser's demanding the fee from his patient, I propose that the agent should, when first applied to, obtain the fee from the assurer, and enclose it to the medical man, whose report he desires; thus would the very proper demand of the medical man be complied with, and the loss, if the assurance should not be affected, be visited on the person most interested in the matter.

I am, Sir,
Your obedient servant,

A MEDICAL REFEREE.

Bath, August 10, 1845.

[The plan advocated in this letter, is the same as that proposed by Mr. Dodd, in the *Provincial Journal* for July 8th; but the subject should not be lost sight of, and our correspondent's observations will assist in keeping up attention towards it.]

SURREY BENEVOLENT MEDICAL SOCIETY.

The half-yearly meeting of this Society was held on the 10th of August, at Box Hill, near Dorking, under the presidency of Mr. Martin, of Reigate.

The Society was instituted in 1812. It is supported by an annual subscription of *two pounds* from each member, payable for twenty five years only. The Society at present possesses a funded property of upwards of four thousand pounds, and affords relief to several widows and children of deceased members.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, on Monday, August 10th, 1846:—J. Brook; W. Emerson; J. Wilkinson; R. W. Carus; W. Wheatley; E. H. Cree; G. W. Rhodes; J. Stokes; F. J. Ferguson; W. Fenton; H. Slade; E. B. Durkan; W. Palmer; C. L. Norton.

Gentlemen admitted Members, on Friday, August 14th, 1846:—S. Gower; E. Whittle; T. Daniell; G. F. H. Brown; J. G. Nedham; H. Helsham; J. N. Tompson; S. Griffith; J. R. Humphreys.

The following members of the College, having undergone the necessary examinations on the 4th and 6th inst., were admitted by the Council to the Fellowship on Wednesday, August 12th:—W. R. Cass, Leeds; R. Hunt, Canterbury; E. B. Gardner, Stroudwater; J. Hutchinson, Cheetham Hill, Manchester; J. Barrett, Orange Grove, Bath; E. Boulton, Bath; J. Hunter, jun., Milner Square, Islington; E. Newton, Howland Street.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates on Thursday, August 6th:—John Wilkinson, Edinburgh; John Rowlinson Pretty, London; William Henry Greenwood, London; Richard Wright Davies, Coleshill; John Burke Bridick, Durham; George Augustus Baddely, Newport, Salop; Richard Vernon, Burton, Cheshire; John Henry Osborne, Epperstone.

MEDICAL INTELLIGENCE.

The Registration Bill was read a second time in the House of Commons, on Tuesday, the 11th of August.

Dr. A. B. Garrod has been appointed Physician to the Royal General Dispensary, Aldersgate Street.

OBITUARY.

Died, August 4th, aged 69, George Alexander, Esq., M.D., of the Hon. East India Company's Service.

August 6th, aged 73, John Bostock, Esq., M.D., F.R.S., formerly lecturer on organic chemistry at Guy's Hospital, and long well-known to the profession as a chemist and physiologist.

Lately, in his 36th year, Dr. Thibert, whose ingenious collection of models and artificial preparations of pathological subjects has lately been exhibited in London and Paris.

BOOKS RECEIVED.

Observations and Essays on the Statistics of Insanity, including an Inquiry into the Causes influencing Results of Treatment in Establishments for the Insane, &c. By John Thurnam, Licentiate of the Royal College of Physicians, of London; Resident Medical Superintendent of the Retreat, near York. London: Simpkin, Marshall, and Co. 1845. 8vo. pp. 184 and 124, with Tables and an Appendix.

On the Antidotal Treatment of the Epidemic Cholera. By John Parkin, M.D., Honorary Fellow of the Royal Academies of Madrid, Barcelona, and Cadiz, &c. &c. London: Allen. 8vo. pp. 48, and an Appendix.

The Brain and its Physiology; a Critical Disquisition on the Methods of determining the Relations subsisting between the Structure and Functions of the Encephalon. By Daniel Noble, M.R.C.S. London: Churchill. 1846. pp. 450.

The Microscopic Anatomy of the Human Body, in Health and Disease. By Arthur Hill Hassall, F.L.S., M.R.C.S., &c. Part I. London: Highley. 1846. 8vo., plates.

A Medical Topography of Tunbridge Wells, &c. By Robert Hutchinson Powell, M.D., M.R.C.S., &c. London: Churchill. pp. 174.

Twenty-sixth Annual Report of the Directors of the Dundee Royal Asylum for Lunatics. Dundee, 1846. 8vo. pp. 68.

NOTICE.

The next number of the Journal will contain a full report of the proceedings of the Anniversary Meeting, and may, probably, not be published until the day of the week following that on which it usually appears.

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"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Soho.
Worcester: DEIGHTON, High Street.

ADVERTISEMENTS.

In the press,

THE MORAL ASPECTS OF MEDICAL LIFE.—Consisting of the Akoseus of Professor K. F. H. MARX. Translated from the German. With Biographical Notices and Illustrative Remarks. By JAMES MACKNESS, M.D., Member of the College of Physicians, Consulting Physician to the Hastings Dispensary, &c.

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"M. Gibert's work is, indeed, a very valuable Manual of Skin Diseases, and stands deservedly high in the estimation of his countrymen. We can cordially recommend Mr. Sheppard's translation, which appears to us carefully and accurately executed, to our readers. With such a guide as M. Gibert, they will be able to find their way even through the maze of cutaneous affections."—*Lancet.*

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WEDNESDAY, AUGUST 19, 1846.

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THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES; being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works published in the preceding Half-Year; together with a Critical Report of the Progress of Medicine and the Collateral Sciences during the same period. Edited by W. H. RANKING, M.D., Cantab., Physician to the Suffolk General Hospital.

"The sifting which the journals and other medical works undergo, and the judicious selection from their pages of points of practical interest, and of discoveries of importance in the collateral sciences, form an important part of the duty of the editor; and after a careful examination of Dr. Ranking's volumes, we are bound to state that the duty has been most ably performed."—*Provincial Medical Journal*.

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London: John Churchill, Princes Street Soho.

THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

Office, 294 Regent Street,
August 19th, 1846.

NOTICE IS HEREBY GIVEN, that a General Meeting of the Members of the Institute will take place on WEDNESDAY, September the 9th, at the HANOVER SQUARE ROOMS, Hanover Square, at Half-past Six for Seven o'clock, precisely, for the purpose of appointing Trustees, Treasurers, and of making arrangements for the Election of a Council by Ballot.

Members of the profession desirous of joining the Institute, are requested to furnish the Provincial Committee with their Names, Addresses, Professional Qualifications, and a declaration that they are willing to subscribe one Guinea annually towards its fund.

By order of the Provisional Committee,
GEORGE ROSS,
Secretary *pro tem*.

ROBINSON ON THE TEETH.

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REPORT OF THE DIRECTORS
OF THE
CLERICAL, MEDICAL, AND GENERAL LIFE
ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been 454, and the Annual Premiums received thereon, £9,183. 5s., exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to £112,277 per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying £4,551 within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of £59,016. 18s. 10d. has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sum, notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,

SECRETARY.

78, Great Russell Street, Bloomsbury, London.

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The Fourteenth Anniversary Meeting of the Association was held at Norwich, on Wednesday, the 19th, and Thursday, the 20th of August, 1846.

The following gentlemen recorded their names in the book kept for that purpose:—

John Ware, Professor of Medicine, Boston, U.S.; Dr. Heriot, 6th Dragoon Guards; Edward Williams, M.D., Colchester; Charles Hastings, M.D., Worcester; W. H. Rankin, M.D., Bury; George Soulby, M.D., Dover; John Conolly, M.D., Hanwell; James Paget, Esq., London; John Avery, Esq., London; Charles S. Webber, Esq.; G. Curme, Esq., Dorchester; John Forbes, M.D., London; L. G. Lewis M.D., London; W. A. Greenhill, M.D., Oxford; W. W. Fisher, M.D., Cambridge; G. M. Humphry, Esq., Cambridge; George Norman, Esq., Bath; James Crang, Esq., Tisbury; J. S. Loder, Esq., Clifton; J. Mackness, M.D., Hastings; W. C. Begley, M.B., Hanwell; R. J. N. Streeten, M.D., Worcester; James Paxton, M.D., Rugby; Robert Stevens, M.D., Ely; C. M. Durrant, M.D., Ipswich; E. Lyon, M.D., Manchester; Thomas Radford, M.D., Manchester; Edw. Holme, M.D., Manchester; Robert Thorpe, Esq., Manchester; Joseph Jordan, Esq., Manchester; V. N. Gorham, Esq., Alderton; Thomas Martin, Esq., Reigate; Thomas Workman, Esq., Basingstoke; Jas. Reid, Esq., Hampstead; J. H. Stallard, Esq., Leicester; Thomas Paget, Esq., Leicester; Edward Daniell, Esq., Newport Pagnell; W. Newnham, Esq., Farnham; William Conolly, M.D., Cheltenham; P. Spurrell, Esq., Bexley; J. G. Crosse, Esq., Norwich; James Copland, M.D., London; W. Ballard Pitt, Esq., Norwich; John Kitching Esq., Darnell, Sheffield; Alex. Thwaites, Esq., Reading; J. Marriott, Esq., Kibworth; W. Ward, Esq., Huntingdon; Charles Bayliffe, Esq., Chippenham; Charles Bailey, Esq., Chippenham; T. H. Barker, M.B., Bedford; George Mayhew, Esq., Stradbroke; J. C. Davie, Esq., Haddenham; Richard Chambers, M.D., Colchester; George B. Clarke, Esq., Colchester; C. R. Bree, Esq., Stowmarket; D. Graham Niven Esq., Pershore; Robert Niblett, Esq., Gloucester; C. Smith, Esq., Bury St. Edmund's; W. J. Lunn, M.D., Hull; Henry Best, Esq., Thetford; Dwarika Nath Das Basu, Calcutta; John Young, Esq., Wells; W. H. Crowfoot, Esq., Beccles; H. W. N. Davey, Esq., Beccles; C. Earle, Esq., Cromer; G.

Bateman, M.D., Yarmouth; — Dunn, M.D., Yarmouth; C. B. Rose, Esq., Swaffham; W. H. Ransome, Esq., Cromer; H. C. B. Steele, Esq., Stoke Ferry; R. J. Tunaley, Esq., Wymondham; H. French, Esq., Watton; W. E. Hunter, M.D., Lynn; George Gillett, Esq., Brooke; John Hargraves, Esq., Watton; William Clowes, Esq., Stalham; E. Copeman, Esq., Coltishall; R. Wake, M.D., Southwold; A. de Mierre, M.D., Lynn; Thomas E. Amyott, Esq., Diss; J. B. Whiting, Esq., Lynn; A. W. Dardin, Esq., Lynn; George Chater, Esq., Norwich; G. W. Firth, Esq., Norwich; W. B. Francis, Esq., Norwich; P. N. Scott, Esq., Norwich; J. G. Johnson, Esq., Norwich.

FIRST GENERAL MEETING.

The Council having previously met at ten o'clock and arranged the order of the proceedings, the first General Meeting was held in St. Andrew's Hall, on Wednesday morning. At one o'clock, the hour appointed, about 200 gentlemen had assembled, and in the absence of Dr. Favell, the President, the chair was taken by Dr. Hastings, the President of the Council.

Dr. HASTINGS said he was sorry to appear in the chair on this occasion, and he was sure they would all participate in his grief, when he explained that it was in consequence of the illness of their worthy and respected President, Dr. Favell, the gentleman who had at Sheffield presided over them, with so much ability and satisfaction. He was sorry to say Dr. Favell had been an invalid for a considerable time, and another gentleman, (Dr. Robertson,) on whom had devolved the duty of President at Northampton, was now absent, he regretted to say, from the same cause. Dr. Robertson had appointed to meet him at Norwich, but while on his journey he (Dr. Hastings) had received a letter, stating that Dr. Robertson had been taken suddenly and severely ill, and was now confined to his bed by indisposition. These were the causes, which he was sure they would all regret, of the absence of those distinguished individuals. He was glad to say, however, there was every appearance of a successful meeting under the able Presidency of Mr. Crosse, whom they had so much cause to esteem, and who, by establishing the Eastern Branch Association, and by carrying on the cause of the Association so successfully in conjunction with the members of the Branch, had been a great instrument to it. It gave him great pleasure to come into this district, and meet the eastern members. At the time this Association was formed, they at a distance were scarcely able to

come here, but fortunately they had now the facility of railway transit, and they were glad to be present. He would no longer detain them, but call on Mr. Crosse to occupy the chair.

THE PRESIDENT'S ADDRESS.

J. G. CROSSE, Esq., having taken the chair, addressed the meeting as follows:—

Gentlemen,—In entering upon the high office to which I am now called, I feel incapable of saying anything that can adequately pourtray my excited feelings. To be placed nominally at the head of so large and influential a body as the Provincial Medical and Surgical Association, composed of above 1800 members of our profession, is indeed a giddy height, which must be perilous to myself, and can be rendered secure only by your further kindness and support. I consider it an auspicious day for the profession in this district, that in our ancient city, situated so remotely from the great moving centres of human life and action, so many gentlemen of respectability, talent, and distinction, are assembled together for purely scientific and social purposes. The numerous body already present offers a sufficient guarantee that much is about to transpire; and as time, always precious to all, is particularly so to ourselves, I will not detain you longer with merely introductory remarks.

I well remember, at an early period of my residence in this city, becoming acquainted with an extraordinarily endowed individual, who had travelled throughout Europe, and gained access to a great majority of the sovereigns, judges, prelates, and other men of high estate, in each country that he visited; and he assured me, that his plan was, always to enquire for the leading medical men of every town he entered, finding it the readiest way to get access to the highest and best informed classes of society. I have every reason to believe, that the favourable character which my itinerant friend expressed regarding the medical profession, continues to be fully maintained in the provinces, not less than in the metropolis of this empire. In almost every considerable town, the physician or the surgeon acts the *Mæcenas*, to the full extent of the time and means at his command, towards all intelligent and scientific men, resident in or visiting his locality; and well may the medical man estimate science, and desire thus to encourage it, since there is scarcely any branch of scientific knowledge that may not, in some way or another, be applied to his calling, whether we look to daily social intercourse, or to the nature of diseases and the various appliances for their relief, prevention, or cure.

A warm zeal for medical science is undoubtedly the great source of its advancement in this country, where the government has done, and perhaps is capable of doing, so very little. But one of its recent and most valuable acts deserves to be mentioned; the annual report of the Registrar-General, worked up to the highest pitch of correct mathematical calculation in the department which relates to disease, by Mr. Wm. Farr, (a noble scion of our profession,) promises to supply great advantages to the state, and to be a guide to our prudential institutions for life insurance. Towards these improvements, every practising medical man gives his gratuitous aid, by fur-

nishing certificates, for which the public remain indebted to him. In the army, medical officers continue to perform laborious duties, by furnishing reports, of which the public are as much in need and entitled to an annual summary, as to what transpires in the civil department; but those documents continue to accumulate, without being converted to any proper statistical account, and must in course of time increase to so unwieldy an extent, that nothing but a deluge or a conflagration can dispose of them. The government is just beginning to direct its attention to sanatory regulations throughout the provinces, which must prove a national benefit; and perhaps we may regard the arrangement for partly remunerating the most working members of the profession, the union surgeons, out of the public funds, and thus connecting them with the state, as a movement in the right direction, and a security for further improvement in the medical care of the poor.

As a science to be studied for the public good; legislation on medical matters is entitled to every consideration; until recently, it received less attention from the executive in this, than in almost any other civilized country in the world, although the profession have been agitating the subject for nearly forty years, to my knowledge, but most warmly in the last three or four; and after all, what are the conclusions most generally arrived at, and avowed by the greater part of the thinking and experienced men? A few general principles are what they agree upon; and foremost may be placed "a general registration of all legally qualified, with annual publication of the registry." The next are, uniformity of education and community of privilege, in each grade, throughout the empire—principles which will be more appreciated every year, by the increasing intercourse which rapid and easy transit is sure to produce, rendering the present incongruities more and more apparent, until they will be deemed too absurd to be longer maintained, and we shall see the profession in England, Scotland, and Ireland united into one brotherhood. It is not a little extraordinary "that the protection to the public by penal laws against the unqualified" seems not to be so generally admitted as a necessary principle of legislation.

To carry out the principles I have enumerated would be, in my humble view, a great boon to the public, and not less so to the profession; and all minor details are scarcely worthy to be regarded as immediately essential, particularly at the risk of our getting nothing done. In grasping at the shadow we may lose hold of the substance. But there is one truth worthy to be made prominent, and to be frequently placed before us; sound legislation will benefit, but the influence, respectability, and high *status* of the profession in this country, must be secured and maintained by very different means—by knowledge honestly applied,—by integrity, assiduity, kindness,—by the absence of all contentious, narrow, over-selfish and grovelling passions—by liberality and forbearance towards each other—and I may be permitted, I am sure, before the present company, to add, that, the exercise of all these virtues which I have enumerated, and their results, will be greatly promoted by social and scientific intercourse with our brethren, such as the Provincial, above all other Associations in

the empire, is most calculated to foster and promote. But the best prospects are held out, when the improvement of society at large accompanies that of the profession; for how much depends upon the state of the public mind, its information, and its power to discriminate! A powerful influence is reciprocally exercised between the public and our profession. In the metropolis, and with the pre-eminent, it may be otherwise, but in provincial towns, every medical man may be said to practise in his own atmosphere. The grounds for selecting an ordinary medical attendant are as various as the tempers, dispositions, and minds of individuals; these are matters to be left to their own unavoidable course. Disregarding as far as may be, the whims and prejudices of the public, we should direct our minds intently upon these three objects—the full attainment of the sound medical knowledge of the day—the diffusion of what knowledge we possess—the advancement of medical science! On each of these a man may base a solid reputation, but on account of the last only can he be considered as entitled to renown. As to that notoriety, disconnected from superior knowledge, and depending on transient multitudinous applause, it ought to be little prized by members of such a profession as ours; rarely if ever is it durable, never satisfactory. The public favour, on which such notoriety floats, has been compared by one of our greatest writers to a running stream, which lifts the frothy and light materials to the top, but lets the solid and weighty sink to the bottom:—

“*Lævia et inflata attollit, grævida et solida mergit.*”

It ennobles our calling to endeavour rather to correct the defective information of the class of society we approach, than to convert it selfishly to our advantage. How much at our mercy is the *malade imaginaire*, the greedy consumer of innumerable doses, till he is more sick from the medicine than the disease, “always tampering with his health till he has spoiled it, like the foolish musician, that breaks his strings with striving to put them in better tune.” Happily the medical is not often charged with being a sordid profession, and few, very few, it is to be hoped, are justly entitled to the sarcasm of the greatest of English satirists, who has hinted that there are some to be found who attend—

“Not for the sickly patient's sake,
Nor what to give—but what to take;
To feel the pulses of their fees,
More wise than fumbling arteries;
Prolong the lamp of life in pain,
And from the grave recover—gain!”

Perhaps Plato had such in view, when he stated it to be a sign of a bad commonwealth, if physicians were very numerous; it would certainly be a bad commonwealth to the physician, unless diseases were numerous also.

That our ancestors knew a great deal is unquestionable, even much that has been forgotten and passed away; but it was known to very few. The striking characteristic of the present day is, that what is worth knowing is known to a great many, and is accessible to the whole profession. It is on this more extensive diffusion of knowledge, that we may justly claim superiority over our ancestors; the increased and yearly increasing proportion of well-educated members of our profession, and the diminished numbers of the grossly ignorant, are indications of our improved condition, quite as much as the advanced

degree of our science. New and brilliant discoveries, often more imaginary than real, more vaunted than prized, are as the pinnacle or spire of a fine edifice, attracting much attention, whilst its basement and interior correspond to that well-diffused sound practical knowledge, which is of every day's application, and can now be found in every part of our favoured country. That the diffusion of such useful knowledge is promoted yearly by the meetings of this Association can scarcely be denied; let us endeavour that this, and every future occasion, shall be an improvement upon the past, and let each of us remember, that what takes place in this public room may be considered as transpiring before the medical community, and before the criticizing spirits of the day, who take so much better care over our interests than we seem capable of doing for ourselves.

It must necessarily happen, that a vast majority of our profession can aspire to no greater merit than that of collecting facts, for which, however, they deserve approval, and even commendation, if their facts be *true* and *real*; for it has been remarked, with some justice, that there are as many false facts as false theories. Mere facts, however closely connected with, are as distinct from science, as colours on the pallet from a beautiful picture worked out by the talents of an artist. In medical science, facts are the *materials* for a building, and require to be converted by the operation of the minds of the more gifted amongst us to their proper object,—the awakening of philosophical ideas, and the constructing of a theoretical system for our guidance. But the reverse of the inductive is too commonly the course pursued, even in these enlightened days; theories are first formed, and the facts are made to come afterwards, suitable to the preconceived speculations; and it is melancholy to reflect, that when once a theory has taken possession of the mind, it cannot be displaced without offering another in its stead, often as delusive as its predecessor. Rarely, in these modern times, has medical science been beset with more bewildering theories of the day than at present. What one man honestly espouses, another ridicules and despises, and in the collision thus arising is found the wonted stimulus to mental activity. But that the infinitesimal follies of homœopathy, the drolleries and deceptions of mesmerism, or the more dangerous excesses of hydropathy, can ever long persist, or any one of them be brought to the position of a science worthy of general support, will, I trust, scarcely be admitted by the present enlightened assembly. Theories are unavoidable, and where they are honestly embraced and used, to a certain extent desirable, and may even prove useful; but were the great body of the profession,—nay, were any preponderating number of this large Association,—to become captivated with any delusive doctrine, and to merge into the fanaticism of the day, we should be driven back to the dark ages of our history, denominated by a learned professor the stationary period of the inductive sciences, “when experiments were replaced by commentators, criticism took the place of induction, and instead of great discoveries we had learned men.”

One of the possible advantages which may arise from homœopathy is, that it will afford opportunity for observing the natural course of diseases, and be a check to over active treatment in doubtful cases. In our difficult

calling, whenever art does violence to nature, the apparent good is as an artificial fountain, that can be kept up only for a time; the more you consult the innate restorative powers of the constitution, the more surely will it progress towards recovery, once commenced, flow on in a smooth current, like a natural rivulet, till health is restored.

I must now enter upon topics still more serious and grave, yet which it would not be allowable to pass over in silence. The Hippocratic remark, that "life is short," may be applied most emphatically to gentlemen of the medical profession, who on an average live for fewer years than members of the other learned professions, notwithstanding the advantage the former might be expected to possess, in a knowledge of the first approaches of disease, and of their causes, with the means of prevention. It is difficult to state, in few words, to what this is attributable. The incessant and wearing duties of the medical man, and the impossibility of having any regular relaxation, tend mainly to shorten his earthly career. The attendant anxiety about patients, and about the means of a scanty livelihood, aided by the depressing influence of constant scenes of distress and suffering, may be added. Besides, the medical man never shrinks from attending a contagious patient, any more than the brave soldier shuns the field of battle! How nobly and disinterestedly did our profession rush into danger, at the call of duty, when the Asiatic cholera, some years since, devastated certain districts in this country, with an appalling rapidity and fatality—receiving in return the most groundless accusations from the uninformed and affrighted multitude! And, most recently, in the instance of the "Eclair," did not several of the best of our brethren, volunteering service, perish under African malaria and pestilence?

But apart from all extraordinary dangers, I find reason to believe that, under ordinary circumstances, in this district, and in the provinces generally, medical men on an average continue to meet the labour, and duties of actual practice in their profession little more than twenty years—a brief span indeed, scarcely thought of and never rightly estimated by the young aspirant to public favour. Yet few have stronger reasons to calculate correctly than the medical man, who is usually so circumstanced, with others depending upon him, that self-preservation ceases to be selfish.

What I am about to state will appear contradictory to the preceding observations, and yet it is perfectly correct, so far as I have been able to ascertain, that since the last Anniversary, and amongst one hundred and eighty members, composing the Eastern Branch, not a single death has occurred. The rest of the Association may well exclaim to their Eastern Associates, "*O fortunatos nimium*!" and caution us to make the best use of our time, as the ensuing year may be expected to produce a different result, and to adjust the balance! Nay, even whilst I am thus engaged, I have to correct the statement and to record the decease of an Eastern member, who was for above ten years a zealous and steady supporter of this Society. I allude to Dr. Chevalier, of Aspull, who during a long life, and under the pressure of more diversified occupations than fall to the lot of most men, shewed a disposition

to "scatter oil over the troubled waters" and make all happy around him. He was more conspicuous for his amiable virtues than for his medical practice; with pious resignation he bore the infliction of a painful disease, and sank into the repose of death in full and perfect hope of eternity!

The year's obituary of members resident in other parts of the kingdom is too long to permit of a full notice of each; neither time nor materials are at my command, for until a recent hour, I knew not that this office would be assigned to me; but if an opportunity occur, and further information should reach me, I will enter upon the duty, most congenial to my feelings, of doing honour to the deceased, which is so powerful a stimulus to the living to emulate good example.

And now I must conclude my initiatory remarks, with expressing a fervent desire that all the occurrences of this Anniversary may be calculated to do honour to our profession, and promote the best objects of the Association—science, cordiality, a beneficial knowledge of each other. I must avoid prolixity, as it must throughout our whole proceedings be avoided, for economy of time. If brevity be the soul of wit, it is equally so of science, and of all that is practically useful and available in our busy life. Whatever comes before so numerous a meeting of the profession as is now assembled in this city for the first time, and probably for the last in our day, should be well weighed and considered, and the motto worn by each contributor to our proceedings should be—

"Fugit Irrevocabile tempus!"

Dr. STREETEN then read the—

REPORT OF THE COUNCIL.

In presenting their Annual Report at this the Fourteenth Anniversary of the "Provincial Medical and Surgical Association," the Council have to congratulate the Members on the continued prosperity of the Association. During the past year, the Association has been steadily progressing in the attainment of the general purposes for which it was originally established, and each succeeding year tends to confirm and increase its value as a means of union and strength for the members of the Medical Profession resident in the provinces. The number of Members now on the lists of the Association amounts to 1856; and while the Council regret to announce that, during the past year, many Members of the Association have been removed by death from the scene of their usefulness, they will avail themselves of the occasion to urge upon all those who continue in the possession of the blessings of health and vigour of mind and body, to endeavour to preserve and increase the efficiency of the Association by the introduction of new Members, and the infusion of new strength.

FINANCE.

The gross amount of the receipts and expenditure of the past year is as follows:—

	£	s.	d.
Balance brought forward	78	5	10½
Receipts	1789	13	8
Total	1867	19	6½
Deduct Expenditure	1754	12	0½
Balance in hand	£113	7	6

The detailed statement of accounts will be laid before the Meeting by the Treasurer; but the Council have to report that the amount of the subscriptions hitherto received on account of the fund proposed to be raised at the last Anniversary, for the payment of the award made by the arbitrators in the claim of Dr. Hennis Green, has fallen far short of what had been anticipated. Looking at the resolution of the Anniversary Meeting, which affirmed that the amount should be paid, the Council have been induced to take upon themselves the responsibility of apportioning a part of the general funds of the Association towards defraying the claim; at the same time it is hoped that Members will see the importance of the general funds being relieved from the heavy charge of this award, and that those who have not already subscribed, will consider the subject without delay and determine to contribute.

PUBLICATIONS.

The last volume of *Transactions* was published at an earlier period than has hitherto been customary, and the Council trust that by the arrangements now in progress the next volume may be issued before the end of the current year; and, in compliance with the wishes of the Members expressed at the Anniversary Meetings, at as early a period after the meeting as the requisite attention to accuracy in the printing of the communications will admit of. The weekly *Journal* has been regularly supplied to each Member of the Association, and the Council have pleasure in noticing that the number and character of the original papers are such as show that the Members continue to take interest in its welfare, but regret that more aid has not been afforded by the different Members of the Association, whose aid alone can make it what is most desirable. Still the Council consider that the weekly *Journal* has peculiar features which no metropolitan journal can afford, by offering a single channel through which all the Members of the Association can be addressed by any individual of this most numerous and influential body.

MEDICAL REFORM.

The Annual Reports of the Council of this Association, for some years past, have narrated the endeavours made on the part of the Association towards the reform of various public Medical Institutions and the improvement of the general constitution of the profession. At the last Anniversary it was hoped that the great question of Medical Reform would, ere this, have been settled, and that some adjustment of the conflicting claims of various classes and interests of the profession would have taken place, so as to allow of the passing of an Act of the Legislature, which, to a certain extent, might have proved satisfactory to the general body. It is with regret that the Council feel themselves unable to announce this desirable event. The statement made by the Right Hon. the then Home Secretary at the opening of the session of Parliament, in January last, that it was not his intention to proceed with his measure of the preceding session, and the intimation which he then gave of abandoning altogether the attempt at giving to the medical profession a reformed and consistent constitution, threw back at once the entire subject into greater confusion than ever; while the state of the general politics of the country, with the conflict of

opinion on subjects of great interest and importance to the welfare of the whole community, which has since that period engaged the attention of the Legislature, rendered utterly futile any immediate attempt on the part of isolated bodies, to work out for themselves a satisfactory adjustment of the claims of the profession. Under these circumstances the Council, though anxiously watching the progress of events, in the hope of being able to seize some favourable opportunity for again pressing this question on the Government, the Legislature, and the public, have been most unwillingly compelled to remain in a state of apparent inaction,—a state in which, as respects the general settlement of the question, other bodies of the profession have also participated. At the same time they deem it right to state that nothing which has occurred has induced them to deviate from the course hitherto pursued by the Association, and that they remain firmly of opinion that the principles recognized in the proceedings of the several Reform Committees, the Council, and the General Meetings of the Association, are those alone on which any comprehensive and satisfactory measure can be based.

It is scarcely necessary to re-state these principles, but to obviate all ground of error or misapprehension they are once more here set forth:—

Uniform and sufficient qualification in every branch of Medical Science.

Equal right for all so qualified to practise throughout the whole extent of her Majesty's dominions.

The adoption of the representative system in the formation of the councils or governing bodies.

As the proposal for a registration of all qualified practitioners of medicine in the bill of the late Secretary for the Home Department met with very general approbation from the profession, the Council are of opinion that great benefit would result from the immediate carrying out of such a measure, at the same time that it would not in any way interfere with the adoption of the more extended measures, so long advocated by the Association.

POOR LAW.

The Council have only to observe, in reference to this subject, that an intention has been announced on the part of Her Majesty's Government, with a view it is presumed, of obviating some of the difficulties connected with the administration of medical relief to the sick poor, to take the payment of the salaries of the Medical Officers partly into the hands of the Government. The subject is one which requires consideration, and the Council are desirous of having the opinion of the Members upon it, in order that when it is again brought forward they may be prepared to take those measures in reference to it which may meet the views of the Members of the Association generally, and especially of those among them whose interests are more immediately concerned.

PUBLIC HEALTH.

In the extensive measures contemplated for the improvement of the health of towns, there are many proposed provisions which can neither be properly estimated nor effectively carried out without the co-operation of medical practitioners. It seems important, therefore, that the Association, consisting as it does of so numerous a body of physicians and surgeons resident

in almost every part of the kingdom, should have its attention directed to this subject. The efforts of our President Mr. Crosse, and others of our Members towards getting rid of the injurious practice of intermural interment—the petitions which have been presented for the establishment of institutions for the promotion of personal and domestic cleanliness among the poorer classes—the researches into the sanatory condition of some of the larger towns, so ably carried on by some Members of the Association, lead the Council to think, that not only will good arise from the energies of the Association being more especially directed to these points, but that much valuable assistance and information, otherwise unattainable, or at least on so extended a scale, may be brought to bear in furtherance of the enlightened efforts now making for a general amelioration of the sanatory state of the entire population of this country. The Provincial Association can propose to itself no higher object in accordance with the purposes of its original institution, than the assisting in the detection of the more general external causes of disease, in pointing out the means necessary to be adopted for their removal, and in thus contributing towards the prevention of a large amount of disease, and its consequent distress, among a class of the community, to whom health is a possession the value of which is beyond all estimate.

BRANCHES, &C.

The regulation of what may be termed the internal economy of the Association has engaged the attention of the Council. Much and important assistance towards carrying out the general objects of the Association has ever been experienced from the several Branches; and on the present occasion, when the Association meets for the first time within the limits of so large, influential, and efficient a Branch as the Eastern, it seems to your Council peculiarly appropriate to make such suggestions for increasing the efficiency of the Branches generally, as may appear desirable.

Among these the Council would especially refer to the better defining of the limits of the Branches already established—to the adoption of some regulations for the admission of members—to the making provision for periodical meetings—and to the formation of new Branches. Without entering into details on this subject, the Council would suggest that the proximity of two or more large towns, as in the case of the Newton, and the Bath and Bristol Branches—the boundaries of a county or portion of a country, as in the case of the Yorkshire, the East York, and the Taunton and East Somerset Branches—or the junction of two or more counties, as in the case of the Eastern Branch—form convenient modes of constituting and defining the limits of Branches; and, as an illustration of carrying these principles into effect, they would suggest to the consideration of the Southern Branches generally, that the newly-formed South-Eastern District might advantageously include the counties of Kent, Surrey, and Sussex; the Southern District be limited to Berkshire, Hampshire, Dorsetshire, and Wiltshire; and the South-Western to the counties of Devon and Cornwall.

In reference to the admission of members to the Association, notice has been given, of a proposition, to be submitted to the Meeting, that in all cases

where a Branch is formed the nomination shall be made through the Branch, whether the member proposed becomes a member of the Branch or not.

The members of the Bath and Bristol Branch are in the habit of holding quarterly meetings alternately at either city, at which communications are read; and the social intercourse of the members of that Branch is so much promoted thereby, and one at least of the general objects of the Association secured, that the Council cannot hesitate to recommend that other Branches should follow the example.

As an instance of the beneficial effects of the formation of new Branches, the Council would allude to the most recently formed—the South-Eastern, which already numbers amongst its members a very considerable proportion of the most enlightened practitioners of the district, and has given evidence of the good feeling and other advantages resulting from the union.

The Council have one more suggestion to make in respect to the internal economy of the Association, and that is the special appointment by the Council, subject to the approval of a general meeting of the Association, of Honorary Local Secretaries in those of the larger towns or more populous neighbourhoods in which no branch of the Association exists. The duties of the local secretaries will be to collect the subscriptions, receive and circulate the Volumes of *Transactions*, and communicate generally with the Central Council or with the Secretary of the Association. Such of the preceding suggestions as refer to the constitution and proceedings of the Branch Associations, the Council beg to propose shall be specially referred to the several Branches for their consideration, with a request that they will communicate their views respecting them to the Central Council previously to the next Anniversary Meeting.

BENEVOLENT FUND.

The Benevolent Fund has continued its operations during the past year; its usefulness, and also its power of being useful, appear steadily to increase. It was thought necessary to hold a special meeting of the subscribers, which took place at Worcester, in November last. The resolutions agreed to on that occasion have been published and circulated. A report from the Managing Committee will be presented, which will detail more at large the proceedings of this interesting branch of the Association.

The Council cannot conclude their report without briefly pointing out the very great advantages which the Association affords for promoting union and cordiality among provincial practitioners. As a rallying point for the profession in its present disjointed state, and as thereby giving to its members some portion of that strength and consideration which, from their position, they ought to enjoy, it is second to no other institution of the kind; while, by recognizing no distinctions, requiring no qualifications for membership beyond those which every genuine practitioner of medicine must possess, it excludes none but the unworthy from a participation in the benefits which it has to bestow. The comprehensive nature and excellence of the objects of the Association, the simplicity and sufficiency of its regulations, are evidenced alike by the fact, that the one has required little or no alteration.

the other called for no extension, from their first promulgation; and that with these objects, and under these regulations, the Association has attained to its present prosperity. That each succeeding Anniversary may shew the Association progressing in the same useful and prosperous course, the Council most earnestly hope; and deeply feeling the responsibility which rests upon them in the further working out of those principles by which they have hitherto been guided, they would urge upon each member to exert himself to the extent of his opportunities, in aiding the onward course of the Association, as an institution calculated alike to benefit the profession to which he belongs, to advance the science of medicine, and to contribute greatly to the welfare of the general community.

Dr. BATEMAN, of Yarmouth, moved "That the report of the Council now read be adopted and printed."

Mr. MARRIOTT, of Kibworth, seconded the motion, which was carried unanimously.

Dr. HASTINGS then read the financial statement, an analysis of which will hereafter be given.

Dr. LYON, of Manchester, said that a resolution had been put into his hands, which would not require much to be said in its favour. All the members of the society felt, that it was necessary to do something to watch the progress of, and to reform abuses. He moved, "That a committee be appointed to advise with the Council in any proceedings which might be necessary to advance the progress of medical reform, and especially to consider the subject of establishing a registry of medical men, and the propriety of memorialising the Home Secretary on the general question."

Mr. SODEN, of Bath, seconded the resolution; saying, he thought it was unnecessary for him to say anything to recommend it.

Dr. HASTINGS.—I beg leave to say a few words on this subject. I do not wish to intrude further than is necessary on the time of the meeting; but I am of opinion that some step should be taken to petition the House of Commons, in respect to the registration. I do think, as far as it goes, the bill for that purpose lately introduced is a real benefit, and completely carries into effect one part of the objects of this Association. I have carefully perused the bill brought into the House of Commons, and if it passes, we shall certainly advance considerably towards the attainment of those great objects which we have had so long in view. It is of great importance at this critical juncture that petitions should be presented to the House of Commons. I submit to the Committee, whether they should not draw up a petition to send by this night's post, praying that the bill for the registration of medical practitioners should pass. This is a question simple in itself, and which does not involve any of the complicated questions that must be attended to, and which will require long continued consideration. This one point is the most essential of all, and it is a point about which, in the profession generally, there is little difference of opinion. I think that the Committee might at once send a petition, praying for the bill to pass. I should like to know what is the opinion of this meeting on the subject. Perhaps, as we meet again at eight o'clock, the Committee will decide upon it in the mean

time, and then the first thing to be done would be the adoption of that petition by the meeting, in order that it be presented to the House of Commons.

The PRESIDENT having put the motion, declared it carried.

It was then moved by Dr. RANKING, of Bury St. Edmund's, "That this Committee consist of the following gentlemen:—Dr. Lyon, of Manchester; Mr. Soden, of Bath; Mr. Martin, of Reigate; Dr. Chambers, of Colchester; Mr. Bree, of Stowmarket; Dr. Radford, of Manchester; Mr. Norman, of Bath."

Mr. PITT, of Norwich, seconded the motion, which was carried unanimously.

Mr. BREE, of Stowmarket, hoped that it would be perfectly understood, that the petition should be prepared for the post that evening.

The PRESIDENT said it was an important resolution, and he had no doubt the Committee, unless they found it impracticable, would report upon the subject that evening. They would enter upon their duties with the understanding that the meeting requested this to be done.

Dr. MACKNESS, of Hastings, moved that Mr. Martin, of Reigate, and Mr. Crowfoot, of Beccles, be requested to act as Auditors for the ensuing year.

Mr. J. G. JOHNSON, of Norwich, seconded the motion, which was carried unanimously.

Dr. CHAMBERS, of Colchester, much regretted the absence of Dr. Favell, and still more the cause of it. It would be highly gratifying for him to receive from the meeting that approbation which he deserved. He therefore moved, "That the thanks of this meeting be given to Dr. Favell, the retiring President, and that he be appointed a Vice-President of the Association."

Dr. HOLMES, of Manchester, seconded the motion, which was carried by acclamation.

Mr. NORMAN, of Bath, in moving the next resolution, said it was unnecessary for him to occupy their time in enumerating the services of Dr. Hastings, who was the promoter of everything that could benefit the Society. Dr. Hastings was known to them all as President of the Council, and the soul of their proceedings. He had therefore great pleasure in proposing, "That the thanks of the meeting be given to the President of the Council, Dr. Hastings, for his continued and zealous attention to the welfare of the Association."

Dr. FORBES, of London, seconded the motion with great pleasure, observing, that he had been so long acquainted with the merits of Dr. Hastings, and they were so well known, that he need not enlarge upon them.

The resolution having been unanimously carried,—

Dr. HASTINGS, in acknowledgment, said, I feel greatly indebted to you for the kind manner in which you have supported me, and I assure you I consider it the highest honour to be engaged for the Association. If I have been able to carry out successfully the various objects that have been brought before me, it has been in consequence of the support of the Council and the great body of the members. Feeling as I do, that this Association is working a great benefit, not only to the medical profession, but also to medical science generally, I shall do all in my power to advance the interests of this Association, and at

every time and at all times my study will be, to give greater efficiency to this noble Society. I do hope this Anniversary will be as fruitful in bringing forth projects to advance the prosperity of the Association as former ones. It is not for me to go into detail as to points considered in the Council this morning, with the view of carrying out our objects. It has long been a matter of regret, that this Association has had no means of making pecuniary grants to those engaged in the cultivation of medical science, who would often carry on their labours more heartily, if they received the cheering support of the great body of the profession. I trust this day we shall be able to set about raising a fund to be applied wholly to the advancement of medical science in every way. I trust this will give a new feature to the Association, and be an answer to objections to this great body, that we do not employ any part of our funds towards advancing these important objects. I trust from the way that the matter has been taken up this morning, that it will be carried out to a successful issue. I trust we shall be annually able to advance sums for the advancement of medical science, and that all the members will consider this as an important feature of the Society. I promise to do my utmost in carrying out this project, and endeavour to show you that I consider myself highly honoured by the high position in which you have placed me, and which I feel as a higher honour than any other that can be bestowed upon me in this kingdom.

It was moved by Dr. CONOLLY of Cheltenham, seconded by Mr. BREE, of Stowmarket, and carried unanimously:—

“That the thanks of this Meeting be given to the Council of the past year, and that they be requested to continue their services, with the following additional members, and that they be empowered to add to their number:—

John Grant Wilson, Esq.,	Bristol.
John Grabham, Esq.,	Rockford.
W. A. Greenhill, M.D.,	Oxford.
T. J. Drury, M.D.,	Shrewsbury.
John Ballard Pitt, Esq.,	Norwich.
John S. Bartrum, Esq.,	Bath.
George Bompas, M.D.,	Bristol.
T. L. Surrage, Esq.,	Clifton.
W. Dashwood Kingdon, M.D.,	Exeter.
James Bratton, Esq.,	Shrewsbury.
Benjamin Barrow, Esq.,	Liverpool.
Robert Frederick Lindoe, M.D.,	Blandford.
E. O. Spooner, Esq.,	Blandford.
George Soulby, M.D.,	Dover.
Thomas Gordon Hake, M.D.,	Bury.

Dr. FORBES said, on several former occasions he had had the honour of proposing distinguished individuals of their profession for the distinction of Honorary Corresponding Members of this Society. He now rose to propose two more gentlemen to the like honour, one of whom he believed he had formerly intended to propose for election, but from a mistake in the name, instead of Professor Anders Adolph Retzius, of Stockholm, his brother, who also was an eminent and distinguished physician, though not the party intended, had been elected. He had, therefore, now to propose Professor Anders Adolph Retzius. He had hoped that

the President would have been able to bring the Professor to the meeting. Dr. Forbes had also the honour to propose another gentleman, viz., Dr. John Ware, Professor of Medicine in the University of Cambridge, Boston, in the United States. He was happy to say that Dr. Ware was then present, and he had great pleasure in inducing Doctor Ware to accompany him to that meeting, he was sure they were much gratified in seeing him. In his presence he, Dr. Forbes, could not say what he felt much inclined to say, and what he had heard from parties who knew Dr. Ware better than himself, as a distinguished physician in the United States. Dr. Ware had published an Essay on Delirium Tremens, which was regarded as the most valuable contribution on the subject to medical science which had been made for many years.

Dr. Forbes, concluded by proposing “That Anders Adolph Retzius, M.D., Chir. M., Inspector of the Royal Carolinian Institution, and Professor of Anatomy, M.R.A.S., Stockholm; and John Ware, M.D., Professor of Medicine in the University of Cambridge, at Boston, United States, be appointed Honorary Corresponding Members of the Society.”

Dr. HASTINGS seconded the resolution, and he was happy to say that on many occasions their meetings had been graced with the presence of distinguished men from the United States. This was not the first time that American physicians had been present at their meetings, and he need not say how much gratification they felt in holding out the hand of fellowship to their brethren across the Atlantic; and though the Atlantic rolled between them, they were anxious to show the best feeling towards their American brethren whenever they had an opportunity.

Dr. WARE in acknowledgement said, The motion and the cordial spirit in which it has been received, has taken me so much by surprise that I find it very difficult to express the sentiments excited in my mind. I can hardly do more at present than thank you sincerely for the notice of myself, for the honour you have done me, and for the kind manner in which my name has been introduced, and my claims more than stated. I beg pardon for not being able to say more; I might be able to say more did I feel less.

The PRESIDENT said before they dismissed this subject he had a communication to make. If he referred to all the communications he received from gentlemen regretting their inability to attend that Anniversary, he would be wasting their time; he must however make an exception, for on returning to his residence an hour or two before, he found a parcel which had just arrived, and the contents consisted of a book, and with it a letter from Dr. Oppenheim, of Hamburg, who had been long a correspondent of his, and who had some hopes of attending that Meeting. The title of the book is—

“Zeitschrift für die gesammte Medicin, mit besonderer Rücksicht auf Hospitalpraxis und ausländische Literatur. Herausgegeben von F. W. Oppenheim. Hamburg, 1846.”

The dedication is—

“Dem Vereine brittischer Provincialärzte und Wundärzte, zu ihrer diesjährigen, 14 Jahressammlung,

in Norwich, am 19 August, 1846, als ein geruges Zeichen der Anerkennung seines.

Strebens nach Förderung der Wissenschaft und der Collegialität.

Hochachtungswoll gewidmet,
vom HERAUSGEBER."

The letter, written in English, commences with a statement of regret at not being able to fulfil his intention of being present at the Anniversary, and continues—"Instead of coming myself, I took permission to dedicate the newest volume of my Journal to the Society, whose "Transactions" I always followed with the greatest attention, as you may have seen by the reviews and abstracts given very frequently in my Journal. I beg you will be kind enough to hand this volume to the Society, as a proof of my esteem towards their acting, and I would feel much honoured if they would arrange it amongst their Library. In case the Society should collect no books, then I wished you will be so kind to keep the volume, as a remembrance to the Editor, who hopes to make your personal acquaintance here in Hamburgh."

The PRESIDENT thought after this he must claim the volume; he, however, left that to the meeting. He suggested that Dr. Oppenheim should be added to the list of Honorary Correspondents.

Dr. RANKING then moved, and Dr. HASTINGS seconded this proposition, which was carried unanimously.

Dr. FORBES commended Dr. Oppenheim's Journal, as giving the best account of English books of any in Europe.

The PRESIDENT said, though he should keep the book, it was at the service of any member of the Society.

Mr. DANIELL, of Newport Pagnell, in rising to move the next resolution, said a greater obligation could not be conferred upon him, than by placing it in his hands, for there was no gentleman for whom he entertained a higher respect than Dr. Streeten, who was at all times exceedingly courteous, and ready to give any information in his power to those gentlemen who corresponded with him.

Mr. DANIELL then read the resolution, "That the thanks of this meeting be given to the Secretary, Dr. Streeten, for his services during the past year."

Mr. CHATER, of Norwich, seconded the motion, and said, from the little correspondence he had had with Dr. Streeten, he had reason to be more than satisfied.

The resolution having been carried, Dr. STREETEN returned thanks, and said he was at all times gratified when the duties of his office brought him into connection with the members, and trusted that he should continue to discharge those duties so as to merit their approbation.

Mr. NEWNHAM, of Farnham, said he thought many persons might have been selected to recommend the next resolution better qualified than himself, he being entirely unacquainted with the working of the Poor-Law Union system. The cases mentioned in the resolution were unquestionably very flagrant, and he thoroughly believed many more such cases might be found, he therefore moved "That a Committee be appointed to take into consideration the conduct of the Poor Law authorities, in reference to the recent cases of Mr. Cantrell, of Wriksworth; and Mr. Martin, of Evesham; and that the Committee be authorised to take such steps in relation thereto, as they might deem

necessary; and that the meeting recommend to the Committee the immediate preparation of a memorial, to be signed by the President on behalf of the meeting, and addressed to the Secretary of State for the Home Department.

Mr. CRANG, of Timsbury, had great pleasure in seconding the resolution, which was carried unanimously.

Mr. BREE, of Stowmarket, Mr. DANIELL, of Newport Pagnell, Mr. RUMSEY, of Gloucester, Mr. CEELY, of Aylesbury, and Dr. TOOGOOD, of Torquay, were then appointed members of the Committee.

THE REGISTRATION BILL.

Mr. SODEN now read a petition praying for the passing of the Bill for the Registration of Legally Qualified Practitioners, which the Reform Committee, just appointed, had, in accordance with the recommendation of the President, immediately prepared.

Dr. HASTINGS moved its adoption, and that it be presented to both Houses of Parliament, and that the Committee be allowed to make any necessary verbal alterations.

Dr. STREETEN seconded the motion, believing that the Act, if passed, would be of great benefit to the profession.

Mr. PAGET, of Leicester, objected to the wording of the following clause of the Bill, the latter part of which he considered to be obscure:—

3. *Register of names and abode of Medical Practitioners to be kept.*—And be it enacted, that the several registrars shall, within thirty days after their appointment, and shall from time to time, proceed to register, in books to be kept for that purpose, without any fee whatsoever, the name and place of abode, together with a description of the testimonials of every physician, surgeon, and apothecary, who shall apply to be registered, and who, prior to the passing of this Act, shall have taken a degree in medicine in any English, Irish, or Scotch university, or who shall state his place of abode, and apply to be registered, and shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said registrars, of his having obtained a diploma, certificate, or licence to practise as a physician, surgeon, or apothecary, dated prior to the passing of this Act, and granted by any English, Irish, or Scotch college or hall, or any corporation, sole or aggregate, in England, Ireland, or Scotland, legally entitled to grant the same at the time of the *passing of this Act*, and also to every person who shall apply for the same, and who was actually practising medicine in England and Wales prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the form in schedule (A) to this Act annexed, and also to every surgeon and assistant-surgeon of the army and navy who shall apply for the same, and whose warrant of appointment bears date prior to the first day of August, one thousand eight hundred and fifteen, and to every physician, surgeon, and apothecary, upon the payment of two pounds, who, *after the passing of this Act*, shall take a degree in medicine as aforesaid, or produce a certificate, licence, or diploma, as aforesaid, dated subsequently to the *passing of this Act*, and

shall deliver to the said registrar a statement of his place of abode.

The **PRESIDENT** said this clause had been considered in the Council. The question raised was a legal one, and if there was any legal informality in the clause, the fault would rest with the legislature; he considered it quite a point of form, and not of principle, but the difficulty might be got over by petitioning for that or some such measure. He thought the addition of a word or two might remedy the defect; those gentlemen who looked over the proposed law could easily address the members of Parliament in their district who would see that the errors pointed out were rectified. After some conversation on the wording of the clause, the Committee retired to reconsider the petition. The President having again received it, remarked, that the form of the petition in reference to the Registration Bill had been altered. It now prayed, that the Honourable House of Commons would be pleased to pass the Bill, or some bill to the same effect, so that it might become law.

To the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

"The humble petition of 'The Provincial Medical and Surgical Association,' assembled at Norwich, on Wednesday, the 19th August, 1846, the said Association comprehending one thousand eight hundred and fifty-six medical practitioners,

"Sheweth,—

"That your petitioners having been informed of a Bill introduced to your Honourable House, entitled—'A Bill for the Registration of the Legally-Qualified Practitioners of Medicine in Great Britain and Ireland,' pray, that your Honourable House will be pleased to pass the same, or some Bill to the same effect, that it may become a law.

"Signed on behalf of the Association."

A similar petition had been drawn up, addressed to the House of Lords.

It was for the meeting to consider through what channel the petition should be presented. As the Lord Bishop of the Diocese was now present, he suggested that his lordship should be requested to present it to the House of Lords.

The **BISHOP** of Norwich expressed his readiness to do so, though quite uninformed on the merits of the question; but he was confident, that the medical profession would not ask him to present an improper petition.

Dr. HASTINGS proposed, that the petition to the House of Commons should be sent to the Home Secretary, Sir George Grey, Bart., for presentation, which was agreed to.

PUBLICATIONS OF THE ASSOCIATION.

Dr. STREETEN then stated that he had been requested by the President of the Bath and Bristol Branch to lay before the meeting the following resolution, agreed to at the Annual Meeting of that Branch:—

1. That so large a sum as that annually subscribed by the members, amounting now to about £2000, might, if more expressly applied than at present to the encouragement of medical science, in common with the other objects of the Association, be made to lead to results of such value and importance, in the shape of

original investigations and researches, as would confer lustre upon the Association as a public body, and do honour to the provincial members of the profession generally.

2. That by the present administration of the funds, which are now almost wholly absorbed by the weekly Journal and annual volume of Transactions, these results are very imperfectly obtained, and that the two publications just named form a very inadequate return for the large sum of money expended upon them.

3. For the sake of economy, therefore, but more especially with the view of forming a reserve fund, for the promotion of the objects expressly named in the first resolution, this meeting would suggest, and begs earnestly to recommend, that the Journal be published in future but once a fortnight, or once a month. That the annual list of members and retrospective addresses, if continued, be printed in the Journal, and that the volume of "Transactions" be altogether given up, or if continued, be devoted exclusively to the publication of important original researches, and be published from time to time, at such intervals as the accumulation of matter requires.

4. That the reserve fund be bestowed in grants for the encouragement of original investigations, or in rewards for essays on medical subjects, in such manner and in such sums as the Council may think fit.

The following resolution had also been passed by the East York Branch, and forwarded by Dr. Cooper, of Hull, the Secretary of that Branch:—

At a General Meeting of the East York Branch of the Provincial Medical and Surgical Association, July 21st, 1846, it was resolved unanimously:—

"That in the opinion of the meeting it is expedient that the publication of the Provincial Medical and Surgical Journal be discontinued, in order to leave at the disposal of the Council a larger sum for the benefit of the Benevolent Fund, and for the general purposes of the Association."

Mr. PAGET, of Leicester, referring to the resolutions respecting the Journal just read said, that at the Northampton meeting, he had agreed with Dr. Favell, who had then taken similar views, but subsequently he had seen occasion to alter his opinion, and now concurred in the justice of the remark which had been made—that the Journal formed the only medium by which each member could communicate with his brethren. He had, however, great pleasure in moving,—
"That a Committee be appointed, to enquire whether any, and what alteration was required or desirable in the general publications of the Society; and that such Committee be requested to report at the next Anniversary Meeting."

Dr. RADFORD, of Manchester, seconded the resolution, which was carried.

The following Committee was then appointed:—**Dr. Budd**, Bristol; **Dr. Cooper**, Hull; **Mr. Peter Martin**, Reigate; **Dr. Barker**, Bedford; **Mr. Soden**, Bath; **Dr. Lyon**, Manchester; **Mr. Bree**, Stowmarket; **Mr. Newnham**, Farnham; **Mr. Crosse**, Norwich; **Dr. Hastings**, Worcester; **Dr. Mackness**, Hastings; **Dr. Radford**, Manchester; and **Dr. Ranking**, Bury St. Edmunds.

REPORT OF SCHOOL COMMITTEE.

Dr. FORBES then read the following report from the Sub-committee, in reference to a proposition made some time ago for the establishing of schools for the education of medical men :—

“At the Annual Meeting of the Provincial Medical and Surgical Association, held at Northampton, in August, 1844, a Committee was appointed to consider a proposition for the establishment and organization of schools for the sons of medical men, on such moderate terms of expense, as might be consistent with the requisites of an education of a high character. The proposition met with such general assent—it may indeed be said to have been received with such unanimous acclamation, that no doubt seemed to exist as to the desirableness of the measure, nor as to its perfect success.

“The Committee so appointed, immediately proceeded to discuss the subject generally, and from their number a Sub-committee was selected to consider the details and to correspond thereupon with the distant members.

“This Sub-committee had numerous meetings in London, at the house of Dr Forbes, their chairman, and after mature deliberation and much correspondence with their colleagues of the Committee, and others, they agreed on the adoption of a general plan for the organization of the school, and for raising the necessary funds, and they issued a prospectus containing their views in detail.

“This prospectus was widely distributed among the members of the Association, and among the profession generally. It was printed in the Journal of the Association, and the subject was kindly noticed by the other medical journals, so that the Committee were satisfied that the whole subject was fairly brought before the members of the medical profession. It was stated in the prospectus, that no active steps could be taken for the establishment of even a single school, until £10,000, at least was engaged for, in the forms of shares, donations, or benefactions, it having been ascertained on sure data, that this was the smallest amount that could be safely reckoned upon as a foundation fund. Such, however, has been the general indifference with which the proposal has been received, that up to the present time, the sum of £1,625 only, has been promised under all the heads of contribution, whether shares, donations, or benefactions. And it may be well to observe, as indicating the general indifference of the profession, that one half of the sum mentioned has been subscribed by eight individuals only. For many months past not a single application for shares has been made, and no new donations have been offered, so that the Committee have at last been compelled most reluctantly to come to the conclusion that the scheme has failed and must be abandoned. So soon as they have returned the few pounds which have been paid into their hands, which they propose to do forthwith, they will consider their labours completed, and their functions as a Committee at an end. While reporting this result, however, the Committee are still deeply impressed with the great value and importance of the object they sought to attain. They think the project worthy of a better fate than it has met with at the hands of the medical profession, and

they still hope that it may at some future day be revived under happier auspices and with a better result.

“JOHN FORBES, Chairman.

“THOMAS MARTIN, Secretary.”

Dr. Forbes thought the report embodied everything that need be said on the subject, and that under the circumstances the project should be dropped entirely rather than it should be carried forward in a languid way.

The PRESIDENT said they were much indebted to the Committee who were the promoters of it, but when they considered the small sum that had been promised compared with the large amount that was required, it did not appear feasible to proceed with the measure on this occasion.

Mr. DANIELL observed, that there could be but one feeling of regret in consequence of this project not being fully carried out; he attributed it to the total apathy of the medical profession on the subject. When they saw what the clergy and other professions had done, it was but a poor compliment for the members of the medical profession to say that they could not raise a fund for the education of the rising generation.

Mr. PAGET did not think that the failure of the scheme should be placed to the account of apathy. There was in the nature of the project an impracticability that could not be got over, for every medical man did not know that he would train his son to the medical profession.

Mr. DANIELL said the project was not to educate for the profession, but merely to educate the sons of medical men.

Dr. HASTINGS thought this matter should not come to an end until they had recorded their obligations to Mr. Martin, who had brought the project forward, and who had endeavoured so ably and strenuously to carry it into effect. Everything that could be done had been done by Mr. Martin, so that there was no fault on his part, and all were of opinion that the object was a good one, he therefore thought they were as much indebted to Mr. Martin as if he had been more fortunate, and had carried it out to a more successful issue. He (Dr. Hastings) thought they could not separate and set aside this question without recording their deep and lasting obligations to Mr. Martin, for having so ably advocated this question on various occasions, he therefore proposed the hearty thanks of the Association to that gentleman.

Mr. NEWNHAM seconded the motion, and expressed his approval of the education scheme, and was satisfied it would pay if carried out. He had known the profession for thirty years, and had felt its pulse tolerably well, he was therefore prepared to put down a certain sum. He had the honour of proposing this, coupled with the name of Mr. Martin, at Sheffield, and he had there said, that he had known no man better calculated by his energies to bring up a forlorn hope than Mr. Martin, who was well entitled to more than thanks.

The PRESIDENT having put the motion, it was carried unanimously.

Mr. MARTIN acknowledged the compliment, and observed that he could have done nothing without the hearty co-operation of his friends on the Committee; he regretted very much that their efforts had not succeeded.

It was then moved by Mr. MARTIN, and seconded by Mr. NEWNHAM:—

"That, conformably to the recommendation in the report of the Council relative to the boundary of the South-Eastern Branch of the Association, those gentlemen who reside in the counties of Kent, Sussex, and Surrey, who are not already members of the Branch, be invited to consider themselves as associates of the same."

The resolution was carried.

The PRESIDENT here intimated, that the routine business of the society was concluded, and they would be happy to receive communications.

COMMUNICATIONS, &c.

Dr. CHAMBERS, of Colchester, read a case of diseased action of the heart consequent upon total abstinence, with his treatment of the case. He wished more particularly to point out the great danger incurred by those who suddenly altered from habits of free living to the extreme of teetotalism. But, while these circumstances, or other cases, forced themselves upon him, demanding a condemnation of teetotalism, he was quite willing to acknowledge the very great benefits conferred by the more moderate movement of temperance.

The PRESIDENT said, in regard to the observations on teetotalism, they were not mixed up with the energetic proceedings on that question, but they were faithful observers of disease, and must state their observation with honesty and truth before the public, whether they were set down as advocating one cause or another. He must state that he had known instances of parties who had been previously judiciously temperate, and, who having become teetotalers devotedly, had been affected with debility of the system; and he had felt it his duty to advise them to revert to a proper course of temperate habits. What they had to do was to state their honest experience; and he was clearly convinced in his own mind, that there were cases occurring every year where great debility had been induced, and cases which called for tonic treatment.

Dr. HASTINGS wished to say a word or two in confirmation of the observations that had been made on depletion, and on the causes which led to depression of the system. In his neighbourhood there were numerous cases of rheumatism, and a vast number of cases of affection of the heart. Over and over again it had fallen to his lot to attend such cases, some of them showing a complete disorganization of the internal structure of the heart; and in cases of that description he had found by experience that to abstract from the usual diet or stimulus, or to relieve by loss of blood, great evil resulted from it, and by far the most judicious course was to keep up the powers of the nervous system. In many cases his patients had got to such a state that rheumatism naturally resulted from the depression of the system, and they could only be relieved by stimulating food. This was very important in the practice of medicine, for nothing was so common as persons labouring under increased action of the heart to come for relief. If medical men did not attend to the nervous system, the most fatal consequences were likely to ensue.

The SECRETARY then read a communication from Mr. Greenhow, of Newcastle-upon-Tyne, on a case of

traumatic tetanus, successfully treated by tartarized antimony and opium.

These communications will be hereafter published in the Journal.

SECOND GENERAL MEETING.

In the evening the members again assembled, and the PRESIDENT having taken the chair, said, Gentlemen, after a short recess, during which I have no doubt your time has been well employed, I beg to call your attention to the meeting to be held this evening. The meeting, I trust, will be chiefly occupied in hearing papers and communications from different gentlemen of the profession, with such remarks and observations from other gentlemen as may conduce to the elucidation of those communications, and also to the further advantage of the members present in regard to their information. I shall not make many introductory remarks this evening, having had the opportunity of submitting to you in form at the commencement of the proceedings those which I had more maturely considered, and which I thought applicable to the occasion. But I know nothing that is so applicable at the present moment as that we should consider that it is our business to proceed with the least possible delay, to take advantage of the communications which the various gentlemen have in their pockets. I have, therefore, but a suggestion or two to make. We profit by experience; and I am sorry to learn that splendour, and convenience, or utility, are not always in unison. So on this occasion, though the Hall is rather spacious and imposing, it seems to be complained of as not suited to a public meeting like this, inasmuch as we of the profession, who are not much given to oratory, are not possessed of those powerful voices that we can send our expressions to every remote corner even of a room of a part of these dimensions. I advise you to make the best use of experience in concentrating yourselves in the Hall in the central places here provided, which, to show the great and becoming modesty of our profession, are left unoccupied.

There is but one amendment, which it has been suggested to me, it may be requisite to make to the resolutions which have passed this day, and which I will now submit to the meeting. It is that important resolution which appoints a Committee to inquire whether any and what alteration is requisite or desirable in the general publications of the Association; and that the Committee be instructed to report to the Council, or to the next Anniversary Meeting of the Association. Certain gentlemen who had taken an interest in the subject were nominated; but there are other gentlemen, and two of them now present, whom it seems desirable to be proposed for your sanction, to be placed on your Committee. I allude to Dr Chambers, of Colchester; and Dr. Durrant, of Ipswich; both of whom have been very great contributors to our Journal. I make this remark because gentlemen, who never put any thing in the Journal, thought it contained nothing; but members who sent communications to promote its utility, and increase its value, believed it to contain something. I would suggest to members, that instead of writing letters depreciating their own publication, they would turn their minds to the best cases that occurred in their experience, and to send those cases, and reflections upon them, to the Journal. If among 1800 members,

ninety-nine out of each hundred being engaged in practice, all sent something to the Journal, I am much mistaken if it would not reconcile them to it. I have now to ask you to add Dr. Chambers, of Colchester, and Dr. Durrant, of Ipswich, to the Committee.

The recommendation was unanimously agreed to.

BENEVOLENT FUND.

Dr. WILLIAM CONOLLY read the Report of the Benevolent Fund Committee,* and observed that the Committee thought right in November last, to call a meeting of the donors to the Fund. They approved of the principle on which it had been established, as that principle was one of pure benevolence, in order to afford aid to helpless persons who had no claim for relief from any other benevolent society. Having read the cases relieved, he trusted he need say no more to recommend this charity to the members generally. Unlike all other funds, as there were numerous funds of an admirable description, this one only required that the applicant should be poor and in distress, and be a regularly educated member of the profession; as such, it differed from other funds, and was peculiarly entitled to their support.

Mr. NEWNHAM, of Farnham, said he had been called upon to move the adoption of the report. On former occasions, his sense of duty had compelled him again and again to make an appeal on behalf of this Fund, and to advocate regular and systematic contributions to it. He had advocated it often before, and he had as often resolved that he would not take the burden again; but now he again felt himself called upon to move the report. Principle, conscience, and the best feelings of human nature were enlisted in this cause, and if he stood alone, alone he would stand in advocating it. He was pleased to find that there was one cheering prospect—that there was an increase of contributors this year. He was delighted to find there were more hearts enlisted in a cause, the holiest and the best; but he regretted that though the number of contributors had increased there was a decrease of the amount of subscriptions, and he found the same decrease in the amount distributed this year. These were not symptoms of a healthy progress; they must confess they were in an unpromising condition, when they found the action and important functions of the Society thus materially curtailed. He wished to call attention to the principle of this Society; and he enumerated various schemes by which people provided for the future by insurances, whereby persons secured annuities, &c. But this Benevolent Fund was of quite a different description, and provides for cases of destitution, not provided for in other Societies it was therefore a truly Benevolent Fund,—it was the only institution in the kingdom, by which such cases as he alluded to could be provided for. The subscription fund had been distributed in such small sums that he looked upon the amount given almost with aversion, the average being about £10 in each case. When they considered the nature of the cases, however thankful the recipients might be, the amounts received were so small, they were almost disgraceful to the Society. He asked whether, in a Society, consisting of 1800 members, it was possible

This Report is unavoidably postponed until next week.

it could be known, and yet 1500 remain non-subscribers to this fund. He wished the whole body of members were present to hear the cases stated in the report, and he thought it was not possible that 1500 could leave that Hall without subscribing to the Fund. He had been called an importunate beggar, but he considered himself in good company, for the highest lady in the land sent round her begging letters once a year. He was therefore in company with Royalty, the Bishops, and many others in high stations. He admitted that he was an importunate beggar, and he would remain so; he would be more and more importunate; he would tease and torment year after year, and he would glory in his mendicacy, until this Fund was placed on a much better footing.

Mr. MARTIN, of Reigate, seconded the motion, and hoped it would be responded to by the members.

Dr. HASTINGS testified to the great good done by the Benevolent Fund; he had tried on several occasions to obtain relief for parties from this Fund, and though the amount voted by the Committee was small compared with the sums of money they were in the habit of seeing distributed, yet he could say that the relief given had been most thankfully received. On one or two occasions, the gentlemen who had recommended cases to the Committee, had doubled their contributions to the Fund. The parties relieved considered the sums by no means small; and when he considered the objects to be attained, the subscriptions, though small in amount, were productive of great good. He mentioned this to stimulate the zeal of individuals, and to shew what good could be done by the small sums distributed by this Fund, which though small, was capable of producing great results.

Dr. W. CONOLLY referred to some of the cases that had been relieved, and observed that he would be happy to distribute the report, and to receive subscriptions.

The PRESIDENT having put the resolution, it was carried unanimously.

Dr. FORBES said that on former occasions he had moved that donations be given to that excellent institution, the Benevolent Fund; he rose to say, that though he had formerly intimated that he would make the same proposition at this meeting, yet he would not now do so on account of other circumstances. When he saw so small a proportion of members contributing to that charity, admitting its excellence as they all did;—they all felt how much good it did,—there must be some reason that the contributions were so small. As 1800 members contributed to the general purposes of the Society, and seeing that so many did not contribute to this charity, there was an additional reason why something should be drawn from the general funds. He begged to announce that next year he would bring forward a proposition that a sum should be drawn from the funds of the Society and presented to the Benevolent Fund; he felt certain that they ought to do more in the way of benevolence than at present.

GENERAL MEDICAL ANNUITY FUND.

Mr. DANIELL, of Newport Pagnol, then read the report on the Annuity Fund.

REPORT.

The Committee appointed at the Thirteenth Anniversary of the Provincial Medical and Surgical Association

ciation, held at Sheffield, in July, 1845, to carry out the project of establishing a General Medical Annuity Fund connected with that Association, held their first meeting at Dr. Robertson's, of Northampton, on the 8th of September last, when it was resolved that the society should be formed forthwith. A series of rules which had been prepared by the managing Director was adopted, subject to such changes and alterations as subsequent enquiries and deliberations should suggest; various subscriptions and donations were announced; and measures were adopted, which in the opinion of your Committee would lead to the establishment of a society long wanted in the profession. The past year has been busily occupied in making public the formation of the society, by an attentive observation of such statistical tables and calculations, as had a bearing upon the objects and design of the fund, by attempting to meet such objections and difficulties as have been suggested by very numerous correspondents, and, by furnishing the amplest information, which gentlemen disposed to support the measure, have thought proper to require at their hands. It is a great satisfaction to know that their labour has not been altogether in vain, and that a sufficient number of gentlemen have answered their appeal, so as to form a nucleus for the establishment of a society which will ensure a permanent provision for the aged and infirm, and assist the widow and the orphan.

Emboldened by their success, the Committee ask at your hands a formal sanction of their movements and their conduct.

Sixty-eight gentlemen have enrolled themselves as members of the Society, fourteen of whom have paid their subscriptions in advance, of two, three, or five years, and nine of the subscribers have made donations amounting to £47.5s. 0d., and about twenty other gentlemen who have not yet remitted their subscriptions have intimated their intention of becoming members.

Although perhaps the sanguine hopes of your Committee might lead them to anticipate a larger number of subscribers who would at once come forward and enrol themselves as members of this useful Institution, they are, nevertheless, encouraged by the belief, that when this young Society has obtained the official sanction of this General Meeting, and when the objects and advantages of the Institution are more fully developed, and its rules and regulations improved and matured by the enlightened judgment of subsequent directors, that the profession will see the strong claims this Society has upon its consideration, and that both prudence and philanthropy will combine not only to raise a *fund* but a *home* for superannuation and decay, and secure for the widow and the orphan a refuge worthy the position and the character of the medical profession. The cares and anxieties attendant upon the first year's exertions have been in some measure lessened by the kind expressions of interest in the welfare of the Society, which have been addressed to the Managing Director by many members of the profession; and your Committee have gratefully to acknowledge the receipt of a communication from Dr. Jephson, of Leamington, who, with a munificence in entire keeping with his benevolent character, has promised a donation of one hundred guineas, so soon as the fund is formally established. Nor can your Committee omit to mention the services

of Mr. Owen, of Irthlingborough, Mr. Rice, of Stratford-upon-Avon, and Mr. Nicholson, of Ashbourne, who have with an encouraging success, brought the claim of the Society before the attention of their personal friends and acquaintance.

The Committee are also desirous of recording their sense of obligation to such portions of the medical press as have so generously and efficiently, as they have done, advocated the cause of this Institution.

In order to ramify the influence of this Society, your Committee are desirous of securing the active co-operation of gentlemen who should be appointed Honorary Local Secretaries in various districts throughout the united kingdom, for the purpose of carrying out more efficiently the designs of this institution. The duties of these gentlemen would be to collect subscriptions from their immediate neighbourhood, and when the period shall arrive for granting the annuities to render the directors such information and assistance as should enable them to distribute the funds of the Society in a manner which would win for their conduct the cordial and the hearty confidence of the whole body of the subscribers.

The subject of the payment of an annual subscription, of an amount sufficient to give each subscriber a legal claim to an annuity, was so fully discussed at the first meeting, at Northampton, that your Committee would not refer to it in their report, were it not from the circumstance that scarcely a week passes without the matter being urged upon the attention of the Managing Director; that it appears to them their duty to express the grounds upon which they came to the decision to adopt the present low amount of annual subscription,—a decision which arose from the consideration that a Society of exclusively medical practitioners must either pay a larger amount of annual subscriptions than that required by the ordinary insurance offices, or they must be content to derive less advantage than they could obtain from other offices. And the reason why the life of a medical man (exclusively;) is of a low marked value arises from the fact, that while forty-three divines out of one thousand arrive at the age of sixty-six, there are only twenty-four medical men out of that same number who arrive at that age. A knowledge of this fact had great influence upon the minds of your Committee, but it is a fact which the daily observation of the medical man will enable him very readily to account for. But, apart from this weighty consideration, a *legal* claim for an annuity did not come within the scope of the projector's design, for his desire was, to form a society by the combined assistance of the profession, with an annual subscription of one guinea, to form a fund to meet those cases of need and necessity, (experienced by alas! so many,) who were unable to provide for themselves or their families in the ordinary Assurance Offices.

In conclusion, your Committee would observe, that they have given their patient attention to the calculations upon which the annuities will be distributed, and they cannot but entertain the hope that three in every hundred will be the maximum of applicants for the superannuated fund, and thus enable the Society to give greater assistance to the widow and the orphan.

Mr. DANIELL then read the following address:—

Having thus finished the report of the Committee, I may perhaps be allowed to occupy the attention of

this meeting in speaking a few words in my own individual character. Although I may perhaps have fallen short in my first calculations, in reference to the members who would enrol their names as subscribers to this important fund, I candidly confess to you that I have exceeded my own expectations, considering the infancy of the establishment, and the fact that we labour under the disadvantage of not being officially recognized as an integrant part of this Association. It is true that the central Council might have only looked upon us as pursuing the necessary steps towards the establishment of the Institution, and consequently that we could not be a recognized body until the sanction were given to us by this meeting.

If numerically considered, in reference to the whole profession of these kingdoms, we are but a small minority, methinks there is ample ground for congratulation in the talent, respectability, and high professional attainments of the majority of our members; and I am emboldened to pursue my course with energy and perseverance, because of the encouraging testimony of approbation which I have received from a numerous body of intelligent correspondents.

In many instances you will find that ordinary contributions have been accompanied with donations; even private friends have kindly contributed their mite towards the advancement of what they have considered an important institution; and one gentleman, having no connection with our profession but the love of it, has cheerfully become a subscriber, and paid his money, because he considered a precarious calling like ours should have a permanent provision for the widow and the orphan.

Gentlemen,—When you look at the number of our subscribers, and the amount of money paid and to be paid, you will at once perceive that if the spirit which has actuated our present friends should pervade our future contribution, a nucleus will be formed for one of the noblest institutions, with which this or any other country can boast; and you will perceive what a five years' accumulation will produce, in forming the grand capital of the establishment.

The "General Medical Annuity Fund" is strictly a co-operative institution. It partakes in some measure of the spirit of a benefit society; and in accordance with the spirit of every honourable member of such societies, the contributions are made with the hope that the contributor may never be the recipient of its bounty. So with respect to us; we contribute freely, trusting that neither ourselves, our wives, nor our little ones, may need the provision which is thus laid up, but happy in our minds that such a provision is made, should it please the Disposer of all events to lay his hand upon us, and visit us with those calamities from which no man, however proud may be his position, can be totally free.

Friendly societies are called *independent*,—we wish likewise to be so called,—we desire to be independent of *charity*; we have combined to help each other, not knowing upon whom the lot may fall, yet comforted with the assurance that whenever it falls, there is help in the time of need. And mark—here is the strong line of demarcation which separates this Institution from the one already attached to this Association, called the "Benevolent Fund;" and I will venture to say, without fear of contradiction, that an Association, partaking

of the high and exalted character which belongs to you as a body, ought not to be without both its *co-operative* and its *benevolent institution*.

The former takes no cognizance of any case which is not strictly belonging to itself, none but those who are members, and members of a certain standing, can claim the benefit of this fund; while the latter, breathing the pure spirit of charity, holds out its beneficent hands to help those who have no such claim, but who, being needy and distressed, seek naturally enough assistance from their own brethren.

Gentlemen, I repeat both these institutions are necessary; both these institutions should be energetically supported: they are, in my opinion, the gems of your Association, and to neglect either is to dim the brightness of your fairest jewels.

Enthusiasm, in a good cause, can never be censured,—it is always necessary in carrying out important projects. I am content to be called an enthusiast on the present occasion, because I know without it no real good will be obtained; but gentlemen, I am wedded to no particular views,—I seek the establishment of an institution based upon unmoveable principles,—I seek the establishment of an institution capable in its effects of meeting the acknowledged wants of the profession,—and I ask for your combined intelligence that such principles may be matured and brought into action. My heart is in the matter, and while I have life and breath, and am privileged to possess the small measure of capacity which is my own, I will never cease to urge upon you the imperative necessity of some such institution as I have proposed, nor relax one moment in that enthusiastic pursuit of it, which I am proud to say at every sacrifice has characterized my conduct during the past year, and which nothing save God's own interposition shall arrest. I beg to conclude by proposing "That the conduct of the Committee appointed at Sheffield for carrying out the project of a 'General Medical Annuity Fund' be approved by this Annual Meeting of the Provincial Medical and Surgical Association, and that the 'Fund' be considered as an integrant part of this Association."

Dr. HUNTER, of Lynn, seconded the resolution, having at heart not the scientific parts of the Society only; and he thought a great benefit would be derived to the profession at large, by recognizing some such Institution as the Annuity Fund.

Dr. W. CONOLLY begged to observe that after all, this was in fact a second Benevolent Fund; the Association possessed one which was by no means supported as it ought to be, and before they consented to the proposal brought before them, he asked whether it was possible to support another. Mr. Daniell's scheme he considered an admirable one, but he very much doubted the propriety of adopting it as an integral part of the Association; they had now extreme difficulty in supporting their present fund, and he thought Mr. Daniell would find the difficulty of what he proposed, and be induced to pause. Hereafter it might be thought advisable to adopt the scheme, but at present he deemed it impolitic; and if it were insisted on, he would be inclined to meet the proposition by a negative, or at any rate, that it be postponed.

Mr. DANIELL said, You are aware that it is not to be brought into operation for five years; I ask merely for a home for it.

Dr. Conolly continued. But if we adopt it at all, we must adopt it altogether; I would rather you would wait the five years to see if it is then feasible. I should be glad to see if it interfered with the Benevolent Fund. I think we should not hastily take up a second scheme, that appears to my mind to act on the same principle as the other one of benevolence. It is not the parties who will derive benefit from the scheme that you can get the money from in my opinion; it is merely a second Benevolent Fund you are adopting, and I doubt the propriety of adopting it as an integral part of the Association..

Dr. CHAMBERS thought Mr. Daniell had failed to shew the necessity for the proposed scheme, and that it would materially interfere with the Benevolent Fund.

Dr. SOULBY, of Dover, said that Mr. Daniell appeared to proceed upon the idea that there was no such fund in existence. He held in his hand a report of the Essex and Hertfordshire fund, and which was doing a great amount of good; a similar one had been established at Kent for nearly sixty years, which gave away from £200 to £300 yearly. He believed there was also a Norwich and Norfolk Association, having a like object in view. He thought that such a society had a much better prospect if limited to a district where members naturally had thrown more feeling into it; whereas in this institution they must send their money to Northampton, and leave it to a Board of Directors there. He was therefore inclined not to afford to Mr. Daniell's proposition that local habitation which he sought to obtain for it. He was sure Mr. Daniell would succeed much better in confining himself to a more limited district, and he felt that he was doing Mr. Daniell a kindness in moving as an amendment—

"That this Annuity Fund be not considered an object of this Association."

Dr. FORBES said he was a contributor to Mr. Daniell's fund, but he never expected he was contributing to any thing that would tend to injure the original Benevolent Fund of the Society. He now thought the proposal would be most injurious to the latter fund, and he was, therefore, induced to support the amendment, though he should be happy to support Mr. Daniell's fund in a proper form, seeing, as they all unfortunately did, how little was contributed to the original fund. He thought it would be a great misfortune to adopt an additional one; it put him in mind of men becoming bankrupts, launching out in some plan to redeem themselves; it was really monstrous, the contributions were so small for the benevolent purposes of this Society, and it did appear to him ridiculous, under such circumstances, to propose another fund.

Mr. BREE, of Stowmarket, doubted whether it was within the objects of the Association to entertain Mr. Daniell's proposal.

Mr. DANIELL replied, that when this matter was brought forward at the Sheffield Meeting, it was received with marked enthusiasm. It then occurred to him, that to form a co-operative society was a desirable thing. At the Sheffield Meeting, no one opposed it; he had actually been acting under the authority of that meeting, presuming that what had been then approved of would have been sanctioned by this meeting.

The PRESIDENT stated, that in each of the six

counties included in the Eastern Branch of the Association, there was a Benevolent Fund. He was sure that every one who had read Mr. Daniell's pamphlet would agree with him, that there was no man in England who could produce a better document in advocacy of this object. Any decision which the meeting might come to would therefore be considered as merely the honest convictions of their minds, and would in no way tend to shew a depreciation of Mr. Daniell's energy and talent.

The amendment put was declared carried, and the original motion lost.

Mr. KITCHING of Darnell, moved a vote of thanks to Mr. Daniell, feeling that as the meeting had rejected his proposition, they could not otherwise do him justice. Mr. Kitching was sure they would all agree with him that Mr. Daniell had been stimulated in his exertions by the purest benevolence and kindness of heart, and though at present the Society was not prepared to adopt his project, he was sure they all appreciated it, and that the day would come when it could be carried into effect. Let Mr. Daniell be encouraged to go on in the course which he had chosen.

A vote of thanks was unanimously carried.

COMMUNICATIONS.

Mr. FIRTH, of Norwich, communicated the details and analysis of ten cases, supposed to have been poisoned by arsenic, in which the bodies were exhumed by the order of one of the coroners for Norfolk, at the end of May last, the time of their sepulture varying from three weeks to nearly eleven years. In six of these bodies arsenic was found, but was absent in four, where death had probably been the result of natural causes. In one case a doubt exists as to the source of the poison, since the earth had fallen into the coffin, and a subsequent examination proved the existence of a notable quantity of arsenic, in the soil of the churchyard of Happisburgh. The method by which metallic arsenic was separated in these cases, was that of Reinsch, and its existence was further proved by the observation of the crystalline forms of the arsenious acid, sublimed, and by its reaction with the two fluid tests of silver and copper, and hydrosulphuric acid gas.

Mr. FIRTH then recorded a considerable number of instances in which he had satisfied himself of the existence of an arsenical compound in the soil, in various parts of the county of Norfolk, both in church-yards and elsewhere; and concluded with observations upon some of the tests for arsenic, and especially mentioned some minute precautions requisite in the mode of analysis he had employed in these cases.

The PRESIDENT considered this a very important communication; they were all aware that information on this subject had been dispersed throughout the country in a very imperfect form; even Sir James Graham had made statements at variance with the facts.

Mr. STALLARD, of Leicester, then made a few observations on some points in Mr. Firth's communication just read. He had found that in the examination of organic fluids, free chlorine in the acid produced a chloride of copper, which was sublimed in heating the copper, and it might be mistaken for arsenic. The

second point was as to the satisfaction to be obtained from microscopic examinations, which, though conclusive to the medical witness, were not so to ordinary people. Not long since Mr. Justice Patteson had laid great stress on the metallic arsenic being exhibited at the trial, and it would be always advisable to present it in a metallic form, for, in Courts of Justice, the Judges at all times insisted much on the arsenic being reduced to the metallic state.

The **PRESIDENT** called attention to Mr. Avery's Instruments for the examination of the internal parts of the body, which he considered would prove of great utility. Mr. Avery would show their application in an adjoining room.

Mr. AVERY then gave an account of some instruments invented for a similar purpose, and in particular alluded to a reflector, capable of being adapted to specula of various kinds, brought before a previous meeting of the Association, by Mr. Hutchinson, of Cheetham Hill, near Manchester. He also gave a description of his own improvements, by which even deeply seated stricture of the urethra could be rendered visible, and consequently the operations for the cure of that disease more easy and certain. He gave particulars of a case in which last year he had thus succeeded in passing one of his instruments into the bladder of a patient, who was ultimately cured. He would be happy to show the manner in which the instruments were used in an adjoining room.

Many gentlemen went with him to a room at the end of the hall, and inspected the instruments, and had an opportunity of witnessing their effects in facilitating the examination of the glottis.

The **PRESIDENT** read a communication from Dr. Warden, of Edinburgh, respecting similar instruments.

Mr. Thomas BRIGHTWELL, of Norwich, read a paper on the "Medicinal Lecche."

Mr. WARD, of Huntingdon, read a case of "Elephantiasis of the Scrotum."

Dr. BAKER, of Bedford, read a paper on "Calculus."

[These communications will be hereafter published.]

THE BREAKFAST.

A public breakfast was provided on Thursday morning, at the Assembly Rooms, by Mr. Butcher, of the Royal Hotel, at which about 150 gentlemen were present. Mr. Crosse presided, and after breakfast, stated the arrangements which had been made for the gentlemen present to view the public buildings, &c., of the city, and called attention to a Microscopic Exhibition at the Artists' Room; and to the Electric Telegraph, which the Rev. A. Bath Power, who was present, would be happy to explain the working of.

The Lord BISHOP of Norwich then addressed the company. It gave him great pleasure to welcome them to the capital of East Anglia, and to meet so large a body of the medical profession; men engaged, like the clergy, in healing those diseases and afflictions which "flesh was heir to;" and endeavouring, on every occasion, to soothe the sorrows and sufferings of their brethren. He welcomed them, also, as men of science, and of that large and comprehensive intelligence,

worthy of a reasoning, a reflective, and an intellectual people. He was sure they would receive as cordial a welcome from the medical practitioners in this city, who were delighted to find themselves surrounded by so many of their brethren, worthy of esteem for their talents, their disposition, and acquaintance with general literature. He was glad that this meeting was not confined to the medical profession of England; but that there were present from the far west and from the far east, one gentleman, he understood, who had crossed the Atlantic, and another from the east were present; proving that medical knowledge like theology in its best sense—the theology of love and not controversy,—was not confined to any people, or to any land; that it was like the inhabitants of every terrestrial space, it would increase in proportion as it found ground to tread upon.

He would very cautiously allude to three medical subjects which had been satirised by their president. Homœopathy, Mesmerism, and Hydropathy. To speak medically, he was obliged to limit his presence among them to the extremelimit of homœopathic participation. He had no doubt that many interesting papers would be read that day which would interest him in particular, and in a great degree; he only lamented that there was not some medical gentleman present who could throw him into a Mesmeric sleep, and enable him, by clairvoyance, to enter into those discussions to which he alluded. Far be it from him to throw cold water on that meeting, and therefore he need not say that he was a decided enemy of hydropathy. But to speak seriously, he regretted that his occupations at present were more than ordinarily severe, and would prevent him attending the meeting and the dinner. At any other time he would gladly have offered the hospitality of the palace, but they might be aware that he was this week engaged with forty candidates for ordination, to whom he was under the necessity of devoting the whole of his time. They must therefore take the will for the deed. At any future time when they visited the city of Norwich, he hoped to have the honour of seeing them at the palace.

The **PRESIDENT** having intimated that a medical gentleman from Calcutta was present, the company soon after separated.

THIRD GENERAL MEETING.

The meeting was numerously attended, and commenced at 12 o'clock on Thursday morning.

The **PRESIDENT** said we are now to commence the third General Meeting of the Provincial Medical and Surgical Association. I trust that the proceedings which have already transpired, have so far excited our energy, and proved a stimulus, that we shall find that as we go on, we advance in our powers, and that this third and concluding meeting will be an improvement upon those which have passed, but with which I ought to add, I have every reason to believe the Association is satisfied. I shall not interfere with the privileges which gentlemen now possess, of presenting to you such cases as they deem worthy of your attention;

and it would be a waste of your time, were I to continue to address you in reference to the business that has been brought before us. The best that I can do, is to offer you a few illustrations, not of what is before you, or what has been exhibited in this city, for I presume that those who have attended here for the last day or two, are pretty well aware of the present state of the medical profession, not only in this city and in its immediate neighbourhood; but from gentlemen who have attended from a great distance, they are aware also of the condition of the profession throughout various parts of the kingdom, as represented by those visitors. I can offer you no illustration that shall explain any thing of the present state of the profession, in addition to what has been presented to you this morning, for your breasts must be full, I am sure, of advancement, in a particular department, from what has come before you at the Artists' Room, and also at other exhibitions which you have witnessed in the course of the day; but I shall take the liberty of referring to times past, and of offering to you some illustrations that this city, from its antiquity, affords, of what the profession was at a remote period.

The first illustration that I beg to select refers to quacks. I will tell you how I have gained the information which I am about to submit. The authorities of this city have ordered a gentleman of antiquarian research and great ability, as well as assiduity, to investigate and put in order, the public records of this city. That gentleman is Mr. Goddard Johnson, not of our own profession, but of considerable scientific and literary acquirements, and through Mr. Scott, who is one of the oldest, if not the very oldest practitioner in the city, this subject has been brought before me. Some extracts, which have been forwarded by Mr. Goddard Johnson, are now in my possession, by which I purpose to illustrate the antiquarian history of what occurred in this immediate district. In the year 1690, the magistrates made this order, "That Dr. Wm. Read, of Leith, be allowed to erect a stage at the end of the Hall in the market, so that he do not hinder people coming to the pump, to sell his drugs for one month." In the same year there is this note—"That Doctor Charles Beddest have leave to erect a stage at St. John's Timberhill, to vend his medical drugs, with music and servants, and to continue there three weeks, they behaving themselves civilly." And that "Cornelius Tilbourne, Chirurgeon, have liberty to set up a stage to practise surgery and physick in this city, for one month." And that "Richard Kerby have leave to erect a stage on the back side of the Blue Bell, to vend and sell his drugs and medicines, with music and servants, for the space of fourteen days, they keeping good rule and order, and that the chamberlain set out the ground, the fourteen days to commence from his first coming on the stage." These are undoubted illustrations of a branch of our profession, for if we look at the titles of these individuals, we must admit that they were, in some degree, authorised to traverse the kingdom on the score of their education or title.

I have observed that the present day rather abounds

with extravagant theoretical systems, and I do not think it can be otherwise than advantageous to give you an authentic record or two, in reference to that point a century or two back.

The President went on to read several extracts from the ancient records of the city, relative to the manner of allowing money to the destitute, to go to receive the royal touch for the cure of their diseases. One extract was an order of the magistrates, "that 20s. be paid towards the expenses of John Edwards, to go to Newmarket, there to be touched for the evil." This was in the reign of Charles II. Another case was, "that it is agreed that the wife of John Mills, of All Saints, when the certain day of his Majesty's healing at Newmarket is known, shall have 30s. paid her out of the hanaper towards the charge of travelling, and to return from Newmarket, and Mr. Town Clerk to write to know the day of healing."

At a remoter period it would be found that the clergy, the chirurgeon and the doctor were the same, and there was not far from this city, a monument which he had himself inspected, where the clergyman of the parish was shown to be the great chirurgeon for lithotomy. The monument included not only the record of his virtues in his office, but it referred to his great dexterity and success in cutting for the stone, &c., and had inscribed on it the forceps and other instruments by which he had attained his celebrity. Other records of 1692 showed, that a committee consisting of four gentlemen, all Esquires, were desired to wait upon the Lord Bishop of Norwich, to desire a license for a collection being made at the several churches in the city, for seven poor people to be cut for the stone. Another deputation was showed to have waited on the Bishop for a license to ask the charity of well disposed persons at Thorpe, on behalf of Robert Hubbard, who was very much afflicted with the stone. There were other similar records. In one instance, Dr. Hagen was to have £3 for the cure of a child, by cutting her for the stone; Dr. Goodridge also, in 1705, was paid £5 for cutting several persons. The records did not show what was the result of the various operations. In 1706, it seemed that things improved, or rather perhaps, reputation improved, for Dr. Goodridge was to be paid £5 for cutting a poor child, of Pockthorpe, for the stone. There was another entry of a Mr. Sadd, surgeon, who was to cure Susan Coplin of a cancer in the breast. Any person who could now do that, would be a glorious acquisition.

The antiquarian observed, at the end of his notices, that he was not able to learn from the books, or any other source, what was the result of the various operations there mentioned, which appeared to have been very frequent.

Dr. RANKING, of Bury St. Edmunds, then read the Retrospective Address.

Dr. CONOLLY, of Hanwell, in moving a vote of thanks for this admirable Address, said, the writer was put to great disadvantage in consequence of the miscellaneous nature of the subjects, and the fear he had of wearying the audience, or of omitting important details. There

was something in the plan of these addresses that required consideration. According to the present plan, one evident defect was, as in the present instance, that a laborious treatise had been read, an immense variety of facts brought forward, and at the same time, from the necessity which existed for condensation, some of the most important questions had not occupied any portion of it; he had, however, missed the opportunity of hearing some of the details. He moved that the thanks of the meeting be given to Dr. Ranking, for his Address.

Dr. FISHER, of Cambridge, seconded the resolution. In saying that he had listened with great interest to and had derived much instruction from the Address, he believed that he was expressing the feeling of every member present. He considered the opportunity of listening to the address to be the most important advantage of these meetings; it was one of the motives that had brought him there, and that motive was stimulated by the fact that this Address was to be delivered by a gentleman whose earlier labours had been devoted to make the public well informed of the progress of medicine. He was sorry that Dr. Ranking had been under the necessity of curtailing any of his observations, but if he complied with the wishes of the meeting, to allow the Address to be printed, they would have an opportunity of reading it.

The PRESIDENT then put the motion, "That the thanks of this meeting be given to Dr. Ranking for his Address, and that he be requested to allow the printing of the same." The motion was carried by acclamation.

Dr. RANKING, in acknowledging the resolution of thanks, said he need not state how much he felt flattered by the compliment.

Dr. DURRANT moved "That Dr. Shearman, of Rotherham, be requested to deliver the Retrospective Address on Medicine at the Anniversary Meeting for 1847."

Dr. MACKNESS, of Hastings, seconded the motion, which was carried.

Mr. CROWFOOT, of Beccles, moved that Mr. John Henry Walsh, of Worcester, be requested to deliver an Address on Surgery, at the Anniversary for 1847.

Mr. HUMPHRY, of Cambridge, seconded the motion.

Dr. FORBES said, perhaps it might be a question whether these Addresses should not be limited to more general subjects.

Dr. STREETEN explained that it was necessary to arrange these matters beforehand, and it was the duty of the Council to ascertain previously whether the gentlemen proposed would undertake to deliver addresses. The applications had been made to the gentlemen named, but he had no doubt that both Dr. Shearman and Mr. Walsh would attend to any suggestions of the meeting.

The PRESIDENT said it was understood and was expected by a considerable portion of the members, that once in three years a Retrospective Address in Surgery should be delivered. In an Association of surgical and medical practitioners, it was deemed necessary to give some attention to the surgical department. He thought the addresses, so far as they were admissible, should, in future, be limited to the writer's observation

and experience. At the end of the ensuing year, the difficulty might be removed, and he felt a strong conviction when the addresses were read, they would be found so modified as to suit the circumstances. No greater compliment could be paid to Dr. Ranking than the reason stated for modifying the character of the addresses, for it was in consequence of his able abstracts that they were deemed less suitable than formerly. He thought that Dr. Ranking would feel the compliment paid to him by the desire for a change.

Mr. NORMAN, of Bath, moved "That the Anniversary Meeting for 1847 take place at Derby; and that William Heygate, M.D., F.R.S., be appointed President elect." Mr. Norman understood that the members were desirous that the meeting should be at Derby next year, and in all probability it would be a large meeting.

Dr. HASTINGS felt great gratification in seconding this motion; the fact was, there had been an ardent desire of the members of Derby and its neighbourhood, to receive the Association ever since the Special General Meeting there, on the subject of Medical Reform. The members there were so delighted with the meeting at that time, and the other members had reciprocated the feeling so entirely, that a promise had been given that an Anniversary should be held there. The profession at Derby had received their brethren with great hospitality and kindness, and a requisition had been sent from Derby, begging for the Anniversary to be held there this year, but the Eastern Branch being the largest Branch of the Association, the Council had determined on holding the Anniversary in Norwich, and he was sure they had every reason to be satisfied with their choice. The Council were in this difficulty, the members at Taunton, who had also sent a requisition, had been unwilling to give way to Derby, and there had been a great deal of correspondence as to the claims of these places. A promise had been given to the Taunton and East Somerset Branch two years ago, that they would visit Taunton the earliest opportunity, but there were strong reasons for fixing their Anniversary at Derby next year. The reasons for a meeting at that place, independent of the number of members, were the facility of railway communication, and of all places Derby afforded the greatest advantage in this respect. There was scarcely a town that was not connected with Derby by railway, and by placing this consideration before the Taunton members, they had consented to the Anniversary Meeting being held at Derby next year, with this reservation, however, that it should be held at Taunton, in 1848. It was certain that other places would come into competition with Taunton, if this arrangement was not made at the present meeting, and an understanding come to on the subject; therefore, cordially seconding Mr. Norman's motion, he would consider that this meeting pledged itself as far as possible, to meet at Taunton, in 1848.

Mr. SODEN said that he had been present at the Special Meeting at Derby, where there were but few members belonging to the Association at that time; but nothing could exceed the kindness and liberality of the Derby people on that occasion, and he believed

every medical man in the town had then enrolled himself a member.

The PRESIDENT said, the fact of there being so much competition for the Anniversary, afforded an excellent prospect. He felt satisfied that what had been submitted to the meeting would be a sufficient pledge, and would answer the purpose.

The motion having been put was declared carried.

COMMUNICATIONS.

Mr. CROWFOOT, of Beccles, then referred to a case of "Fracture of the Spine," published in the "Transactions" of the Association.

The case had been treated by extension, and the subject of it, now a resident of Norwich, was brought before the meeting, perfectly able to walk and discharge the duties of his calling. An abstract of the case, together with the substance of the remarks which Mr. Crowfoot made upon the treatment pursued, and the present condition of the patient, will be given in a future number.

An ingenious instrument for reducing dislocations of the thigh was exhibited to some of the members in another room, by Mr. Davie, of Haddenham, and its application illustrated by a model and drawings. Mr. Davie also communicated a paper on the subject.

Mr. HUMPHRY, of Cambridge, read a paper on "Cleft Palate, and certain other Malformations of the Face."

The SECRETARY read a report, sent by Mr. Mayo, of Winchester, on "Cheselden's Lateral Operation of Lithotomy."

Mr. DANIELL read a paper on "Congenital Malformations of the Bladder."

Dr. PAXTON, of Rugby, read a paper entitled "Pathological Memorials."

The PRESIDENT took occasion to refer to Dr. Knox's Strictures on the unrivalled Museum of the College of Surgeons of England, considering them uncalled for and unjust. He had often visited that Museum, and wished he had more time to devote to the investigation of the specimens. There the facts were placed before them, from which John Hunter formed that noble system long ago, and the truth of which was still firmly fixed in their minds. He was astonished that Dr. Knox's remarks had not attracted the notice and censure of the public press.

Dr. WARE said he would hardly venture to take up their time if it was not consistent with his relations to this Society. Before moving the resolution which had been placed in his hand, it afforded him great gratification to express the pleasure with which he had listened to the various contributions on medical subjects offered to the Association during the time he had been present. It could not be otherwise than that an association meeting annually in this way, and in different parts of the kingdom, must have an advantageous effect on the progress of medical sciences, and on the personal relations that the members of the Society held with one another. The resolution he held in his hand was, "That the thanks of this meeting are due, and are hereby given, to those gentlemen who read papers

and made communications to the meeting."

Dr. COPLAND, of London, said it gave him great pleasure to rise and second this motion, for no one could have been present without rejoicing they had heard the various communications. The Society was now in its fifteenth year, and they had now seen the fourteenth volume of its contributions. He believed the Society to be only excelled by one other in contributing to the advancement of medical science, and in the number of communications given to the profession. He could not help being gratified at hearing these communications, and he was sure he should be much pleased in reading them hereafter.

The motion having been put was carried unanimously.

Dr. HUNTER, of Lynn, moved, "That the thanks of this meeting be given to the mayor and magistrates, and to the heads of the different institutions in this city, medical, scientific, and commercial, that had been so liberally opened to all the members." He had not availed himself of the privilege of visiting all those institutions, but wherever he had, both himself and parties with him had every cause to feel satisfied with the attention they had experienced.

Mr. WARD, of Huntingdon, had great pleasure in seconding the resolution, which was carried unanimously.

The PRESIDENT said,—This is the termination, not only of our third meeting, but of our meeting for scientific purposes altogether. I must not attempt to tell you how gratifying it is to me to see so large an assembly, not only of our neighbours, but also of gentlemen of distinction, high appointments, of great information, and almost universal knowledge, from distant and different parts of the kingdom, in addition to which, we have others from the most remote parts of the world. After such a meeting I am left little capable to express what my feelings have been, except that I have been raised to a pitch of excitement that prevents me saying further than this that every feeling is reciprocated on my part. In retiring from the scientific meetings let us to the banquet at the Assembly Rooms to which we must soon repair, and thus finish our Anniversary.

Dr. CONOLLY was sure they would anticipate that he meant to propose a vote of thanks to the President for the very able manner in which he had presided over them. It was not necessary to make a single observation to those who had had the honour of meeting Mr. Crosse on former occasions. He had felt the greatest anxiety to be present at this meeting, and he was sure the President had given great gratification to his townsmen, who knew his merits; all present knew his reputation, and could bear testimony to the urbanity of his manners: he had imparted to the meetings a spirit and energy, and produced an impression that could not be lost.

The motion was carried by acclamation.

A notice of the proceedings at the dinner, together with the Report of the Benevolent Fund, and some other subjects, unavoidably omitted in the present number, will be given next week.

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WILLIAM SANDS COX, Dean of the Faculty.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON THE INFLUENCE OF THE RHUBARB PLANT IN PRODUCING OXALATE OF LIME IN URINE.

By HENRY WILSON, Esq., Surgeon, Runcorn.

Perhaps no circumstance has contributed so much to stimulate the increasing attention now paid to the pathology of urine, as the discovery of oxalate of lime being a more frequent constituent of it than was formerly supposed. This fact, and the importance of it in relation to a morbid state of the health, were first shown by Dr. Golding Bird, in some papers which appeared in the *Medical Gazette* for 1842, and they have been subsequently confirmed by the observation of others.

The disease, or series of morbid phenomena, of which the excretion of oxalate of lime is said to be pathognomonic, is one which must frequently present itself to the notice of the practitioner; many of those cases formerly classed with the dyspeptic, hypochondriacal, or nervous, being found to be examples of this affection,—cases characterised by “depression, with great irritability,” the more prominent symptoms of which are lowness of spirits, apprehension of impending evil, irritability of temper, emaciation, fatigue from slight exertion, diminished sexual power, pain, or sense of weight across the loins, with more or less gastric derangement, &c.

But it is important to know that there are other diseases in which oxalic urine is found. Lehmann* states that it often occurs in cases of tuberculosis, arthritis, and especially of osteomalacia, or softening of the bones. He has likewise met with it in endocarditis and other acute diseases. Dr. Watson, in a lecture on gravel, in the *Medical Gazette* for June, 1842, mentions boils, and carbuncles, and scaly affections of the skin, as diseases to which those are liable in whom the oxalic diathesis obtains. In two cases recently under my own notice where boils, of the carbuncular species, continued to succeed each other during many months, crystals of oxalate of lime were

constantly present in the urine, so long as the boils continued to appear.† It is also not improbable that oxalic urine will be found in spermatorrhœa, a disease, however, scarcely yet admitted into the nosology of British practitioners. Dr. G. Bird expressly refers to some circumstance which has determined the irritation to the urinary organs, as the most usual exciting cause of the affection which he describes; and Lallemand, in the preface to his work, “*Des pertes séminales involontaires*,” after remarking that most of the cases of spermatorrhœa which came before him were supposed cerebral affections, adds, “chez beaucoup d’autres malades, on avait cru voir des gastrites ou des gastro-enterites chroniques, des anévrysmes du cœur, des phthisies commençantes, etc.; ou bien des affections nerveuses, et surtout un état hypochondrie.”

The analogy between the symptoms of the oxalic disease and the constitutional effects of spermatorrhœa is certainly strong. There is, moreover, a resemblance in the urine of these two diseases. “Le nuage floconneux,” so frequently referred to by Lallemand as a characteristic of spermatic urine, corresponds very much with the dense cloud, *eucorema*, which in oxalic urine is usually observed to subside towards the bottom of the vessel, after it has been at rest for a time.

But the presence of oxalate of lime in urine can only be considered diagnostic of disease when the oxalic acid is known to have been generated within the economy, and not introduced from without, with the food; for it has been remarked by Liebig that the analysis of urine, when made without respect to the inorganic salts, acids, and bases of the aliment, teaches nothing whatever, and justifies no healthy nor morbid inference.

It is, then, an important question whether there are any descriptions of food, in common use, which may be the means of impregnating the urine with oxalate of lime?

I am not aware that this subject has received much attention from those who have written on oxaluria. In the chapter devoted to the pathology of oxalate of

hastened by gently moving the glass, so as to give the fluid a rotatory motion, which will collect the oxalate at the bottom of the capsule.

“Having allowed the urine to repose for a minute or two, remove the greater portion of the fluid with a pipette, and replace it by distilled water. A white powder, often of a glistening appearance, will now become visible, and this, under a low magnifying power, as by placing the capsule under a microscope, furnished with a half-inch object glass, will be found to consist of crystals of oxalate of lime in beautifully-formed transparent octohedra, with sharply-defined edges and angles.”

* Simon's Chemistry, by Dr. Day, vol. 2. p. 200.

† I may here state, that in the examinations of urine referred to in the course of this paper, for the purpose of ascertaining the presence of oxalate of lime, the method invariably adopted was the one indicated by Dr. Golding Bird, which is as follows:—“Allow a portion of the urine passed a few hours after a meal to repose in a glass vessel. Decant the upper 6-7ths of the urine, pour a portion of the remainder into a watch glass, and gently warm it over a spirit lamp; in a few seconds the heat will have rendered the fluid specifically lighter, and induced the deposition of the crystals of oxalate, if any were present. This may be

lime in the admirable work of Dr. Golding Bird, the following two passages are all that bear upon this question:—"The quantity of oxalic acid generated is to a very considerable extent under the control of diet; some articles of food quite free from oxalic acid at once causing the excretion of this substance in very large quantities, whilst others appear to have the effect of nearly totally checking it." p. 137. Again, "The quantity of oxalate of lime is always the greatest after a full meal, and often absent in the *urina sanguinis*, or that passed on rising in the morning; and, moreover, disappearing under the influence of a carefully regulated diet, and reappearing on returning to the use of unwholesome food." p. 138. Dr. Bird does not specify in these extracts what are the articles of food which cause the excretion of the oxalate; or, what on the other hand, have the power of checking it; nor does he indicate what food is unwholesome in respect of, which the diet can be carefully regulated.

Dr. Watson, in the lecture before referred to, is more explicit on this point, he says "The young stalks of the *rhubarb* plant, which of late years have come into such general use in this country for tarts in the spring, and sorrel, of which our neighbours the French consume a good deal in salads and in other ways, both contain oxalic acid; and hard water contains lime. Dyspeptic persons who drink such water, and eat such articles of food, and are thus daily introducing, without suspecting it, the constituent ingredients of the mulberry calculus, are very likely indeed to incur the pain and the exceeding peril of a renal concretion of that kind. You must see, therefore, the great importance of detecting the oxalic diathesis, and of forbidding, to those who have it, all such viands as contain the oxalic acid, and of recommending them to use pure water, even distilled water for drinking."

In addition to *rhubarb* and *sorrel*, *turnips* may also be mentioned as containing oxalic acid; but they are more particularly used as food for cattle. The *rhubarb* plant, however, may fairly be ranked as a common article of human food; so general has its use become, that if I am rightly informed, the market gardeners fail to meet, adequately, the annually increasing demand for it, especially in the markets of our larger towns. That a plant, containing so much oxalic acid,* used as food, should exert some influence in the cases of those in whom the oxalic diathesis exists, may reasonably be anticipated; but it does not appear that we are in possession of any information as to the precise nature and amount of this influence. Being therefore desirous, for practical purposes, of additional information on this subject, and with the view, further, of ascertaining how far the free use of *rhubarb*, as food, tended to

produce oxalate of lime in urine previously free from it, I made the following observations:—

Four individuals were selected, on whose compliance with my wishes I could rely. For the purposes of this paper I shall distinguish them by the initials A, B, C, D. They were all of the male sex, and of ages varying between 21 and 34. A and B were in perfect health; C was also in good health, but he had only recently got rid of a scaly affection (*psoriasis*) of the lips and face. D was a confirmed dyspeptic of many years standing. It was arranged that these four persons should partake freely of *rhubarb tart* at dinner, for ten consecutive days, and that I should be furnished each day with specimens of their urine, voided within the first six or eight hours after dinner. Before commencing the use of the *rhubarb*, I carefully examined the urine of each individual, selecting for this purpose portions of that passed in the evening—*urina chyl*, varying slightly in colour and specific gravity. Nothing abnormal was found in any excepting a slight deposit of urate of ammonia in the urine of C. The specific gravity of this urine was much higher than that of the rest, being 1.030. The following are the particulars of the ten days' urine:—

Urine of A.—First day, colour normal; specific gravity, 1.025; contained numerous small crystals of *oxalate of lime*. Second day, colour pale; specific gravity, 1.016; no *oxalate* present. On the third and subsequent days no *oxalate* could be detected, the urine being pale in colour, and otherwise healthy, the specific gravity varying between 1.013 and 1.022.

Urine of B.—Was perfectly healthy throughout the ten days, being normal in colour and specific gravity, and quite free from oxalate of lime or other unusual constituent.

Urine of C.—First day, colour normal; specific gravity 1.015; contained crystals of *oxalate of lime* in abundance. Second day, colour pale; specific gravity 1.010; contained crystals of *oxalate of lime*, as before. Third day, colour normal; specific gravity, 1.015; crystals of *oxalate of lime* larger, but not so numerous. Fourth day, as on the preceding. Fifth day, colour high; specific gravity, 1.020; contained still larger crystals of the *oxalate*. Sixth day, colour high; specific gravity 1.019; crystals as last, but more numerous. Seventh day, colour high; specific gravity, 1.022; crystals in size and number, as on the sixth. Eighth day, colour deep amber; specific gravity, 1.025; crystals numerous, some very large. Ninth day, as on the eighth. Tenth day, colour high; specific gravity 1.030; crystals of the *oxalate* still larger and very abundant.

Urine of D.—First day, colour high; specific gravity

* In the *Medical Gazette* for June 3rd, page 40, is a notice, from an American journal, of an analysis of the *rhubarb* plant, by a Dr. Long, from which it appears that one of the smallest bundles in the market, weighing about one pound, contained 24½ grains of oxalic acid. It is further stated, on the authority of Christison's "Dispensatory," that the medicinal *rhubarb* root does not contain any free oxalic acid, but oxalate of lime, varying, according to the different localities producing it, from 11 to 40 per cent. Dr. A. T. Thomson, "Dispensatory," Article, Rheum, states the proportion of oxalate of lime in a drachm of *rhubarb* to be from 18 to 26 grains.

In the journal above referred to is also an account of "a family of four persons who, after eating very freely of the

leaves of the domestic *rhubarb*, or *pie-pl-nt*, boiled, and served as 'greens,' were all of them shortly after seized with severe vomiting. In one of the persons it was followed by gastritis; the others recovered directly after the vomiting."

I am not aware that similar effects have resulted from the use of the plant in this country. It is not improbable that the activity of the American plant may be greater than that of our own growth, owing, possibly, to some difference of soil, in respect of the proportion of lime which it may contain; for there is no doubt that much of the immunity attending the consumption of the plant depends on the oxalic acid it contains being in combination with a base, like lime, for which it exerts so remarkable an affinity.

1.030; containing numerous small crystals of *oxalate of lime*. Second day, as on the first; again containing crystals of the *oxalate*. Third and subsequent days, no *oxalate* could be detected; the urine in other respects remaining the same.

It thus appears that the *oxalate* was present in the urine of three out of the four, after partaking of the rhubarb but once, disappearing in two after the second day, but continuing to appear daily in the third, while in the fourth individual no trace of it was at any time detected. Finding the *oxalate* invariably present in the urine of C, he now wholly abstained from the further use of rhubarb. In the course of a week after, I again examined his urine, and found, notwithstanding the rhubarb had been discontinued, the *oxalate* still present, in crystals as large and numerous as before.

With the view of causing their disappearance I directed twenty drops of *vinum colchici* to be taken three times a day. Dr. Bird has pointed out the *colchicum* as a powerful remedy in *oxaluria*, and its effect in this instance was very remarkable. On examining the urine when three doses only of the remedy had been taken, the specific gravity which before was 1.032, was found to have fallen to 1.015; and not a trace of the *oxalate* could be detected in it. The urine, however, was paler in colour, and much increased in quantity. On examination the next day, the urine was found to correspond with that of the preceding. The *colchicum* was not continued longer than a few days. About ten days after it had been discontinued, on again examining the urine, the presence of the *oxalate* was once more detected, but the crystals were much diminished in size. I continued during the succeeding six weeks to make frequent examinations of this person's urine, constantly finding the *oxalate* present, ultimately in very large crystals.

It has been before stated that this individual, C, had been afflicted with an obstinate cutaneous disease, (*psoriasis*), a short time previously to his becoming the subject of these observations. A point of some practical importance, in connection with the treatment of his case, is here worthy of notice. After a persevering trial of a variety of remedies, including purgatives, sarsaparilla, iodine, tonics, arsenic, &c., with numerous topical remedies, without any benefit being derived, he having closely watched the influence of various articles of food in his case, came to the conclusion that salt, and salted meats, were prejudicial to him; he therefore henceforth rigidly abstained from salted food, and from salt itself, excepting in the minutest quantities, and in the course of a few weeks had the satisfaction to find his troublesome disorder completely removed.

I shall presently mention another fact corroborative of the supposition, that household salt has some tendency to exasperate or originate diseases characterised by *oxalic* urine.

During the six weeks succeeding the specified period of ten days, the individuals, A, B, D, continued to partake, almost daily, of the rhubarb. I was, however, unable again to detect the presence of the *oxalate* in their urine, though a careful search was made as often as every second or third day. Subsequently, an abundant crop of small crystals was once more discerned in the urine of A. Ascertaining that he was at the time

continuing to eat freely of rhubarb, I was at first disposed to believe that he had at length saturated his system with it, but I further learned, that during the week preceding the reappearance of the *oxalate*, the only description of animal food of which he had been partaking was *salt ham*. Seeing that the *oxalate* was not present in his urine previously to his taking the ham, and bearing in mind the fact before-mentioned, of the prejudicial influence of salt in an *oxalic* disease, I concluded that the ham was essentially concerned in the production of the *oxalate* on this occasion.

On reviewing the foregoing observations, the conclusions which appear to be fairly deducible from them may be briefly stated as follows:—

1. That, in a great proportion of instances, *oxalate of lime* will be present, for a longer or shorter period, in the urine of persons using the rhubarb plant as food.

2. That there are, on the other hand, some individuals in whose urine no *oxalate* can be detected during such use of a rhubarb diet.

3. That a rhubarb diet is capable of inducing the *oxalic* diathesis in individuals predisposed to it, or to the diseases characterised by it; and that it must therefore necessarily tend to exasperate and prolong such diathesis, when it already exists.

To these the following corollary may be added:—

That the presence of *oxalate of lime* in urine should not be disregarded by the practitioner, from the supposition that it may originate in articles of food, but should, under any circumstances, be considered indicative of the *oxalic* diathesis, or of a tendency to it not less important.

I may, in conclusion, observe that it is, perhaps, impossible to adduce satisfactory reasons for the different results noticed in different individuals. Why, under the same circumstances, *oxalate of lime* should be present in the urine of one, and absent from that of another, or why, in the same individual, it should appear at one time and not at another, is, doubtless, out of our power to explain.

It is generally supposed that the stomach has the power of decomposing the vegetable acids. In the common saline draught, for example, it is believed that the tartaric or citric acid undergoes decomposition, leaving the alkaline base at liberty to form other and beneficial combinations; but, from the fact of these and many other of the organic acids;* for instance,—the malic, succinic, gallic, acetic, *oxalic*, and meconic, having been detected in urine, though introduced into the stomach in a free state, it is obvious that the power of decomposing them possessed by the stomach cannot be uniformly exerted. We may hence account for the presence of *oxalate of lime* in urine, on some occasions, by supposing *oxalic* acid introduced with the food, to pass the ordeal of the digestive powers intact.

Runcorn, August 14th, 1846.

* Simon's Chemistry, vol. 2. p. 338.

CASE OF TRAUMATIC TETANUS : RECOVERY.

By T. M. GREENHOW Esq., Senior Surgeon to the Newcastle-on-Tyne Infirmary.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Norwich, Wednesday, August 19th, 1846.

Recovery from a disease so generally fatal as traumatic tetanus, is an event worthy of some special consideration, and the treatment which is believed to have been successfully employed deserves to be recorded.

In the following case, reported by Mr. C. J. Gibb, the diligent house pupil of the Newcastle Infirmary, the local injuries were of a very severe character, calculated in themselves to induce some anxiety as to the fate of the patient. As regards these injuries, his recovery has been more complete than might have been reasonably expected. At the situation of the fractures, the arms are somewhat bowed, from the long continuance and severity of the muscular spasms, which no splints and bandages could in any degree control; and the fingers, especially of the right hand, many of which had sustained compound fractures and severe contusions, remain partially bent; but of both hands he has valuable and increasing use, far exceeding what could have followed the removal by surgical operation of any of the injured parts.

It is remarkable, that at the same time with Fletcher, another patient in the same ward was seized with tetanus. Amputation of one leg had been recently performed by my colleague, Mr. Potter, for diseased joint, and the man was much exhausted by long continued disease. His death followed the attack in almost twenty-four hours.

In the earlier and milder stage of the disease in my patient, the combination of calomel and opium, carried to pyralism, appeared nearly to remove the symptoms; but in the subsequent and more formidable stage, the same results did not follow, and then it was that, from my experience of the happy effects on the nervous system, in cases of delirium tremens, of opium combined with antimonial tartar, I was induced to try the latter remedy in conjunction, at first with calomel and opium, and afterwards with opium only. The tranquillizing effect of these remedies so combined was greater than could have been hoped for, in the induction of sleep, the relief of spasm and the general tranquillity of the system which ensued.

Though the quantity of antimonial tartar exhibited was considerable, it produced no disturbance of the stomach, nor any effects other than the proper action on the nervous system which was wished rather than hoped for in its prescription. The tongue, which was found thickly furred when the relaxation of the jaw permitted its inspection, became clean, and the loaded urine clear and copious under its use, and all the disordered functions were restored to a healthy condition.

I do not remember to have seen recorded any cases of tetanus in which a full trial was given to the combination of opium with antimonial tartar; but in the last edition of Mr. Cooper's Surgical Dictionary, he speaks of the latter remedy in the following words:—"I have known one or two cases of chronic tetanus get well during the free exhibition of tartarized antimony, but I have more frequently seen it fail." So short a

notice proves that Mr. Cooper has no faith in the remedial effects of antimonial tartar in this disease, and does not lead us to suppose that it was given in the combination which appeared so useful in my patient.

Of the ultimate cause of tetanus we know little, and pathology has failed to throw much if any light upon the subject; neither is the exciting cause very apparent. That it frequently takes place in patients who are suffering from wounds is a well known fact; but this in itself is by no means enough to induce the disease, otherwise all such patients would suffer from it. But the fact that simultaneously with the occurrence of tetanic symptoms in my patient, another in the same ward was seized with the same disease, would seem to indicate a common exciting cause, unless, indeed, we may suppose that, as in cases of hysteria, chorea, and other nervous diseases, a sort of *imitative infection* may be called into operation. What may be the nature of the common cause no data can be *discovered* for determining, as every thing connected with the ward and the external condition of the patients appeared to be in its ordinary state. It is remarkable, however, that though cases of tetanus are very far from frequent in the Newcastle Infirmary, on the 9th of November, 1845, two patients in the same ward became simultaneously affected with the disease.

CASE.

James Fletcher, aged 25, labourer, a florid and healthy-looking countryman. Admitted April 24th, with very bad compound fractures of the right humerus at its middle, of both bones of the left forearm, and with hands and fingers very seriously shattered and bruised. A coal waggon had passed over them. Has lost much blood; arm and forearm put up, and hands placed in poultices. An opiate.

29th. Doing well; wounds united, except of hands, which are sloughing; bowels confined. A dose of calomel and black draught.

May 8th. Feels well; has a chop daily; wounds of hands suppurating favourably. To have a purge.

12th. Jaw cannot be opened to its full extent, and, with the neck, feels rather stiff and sore; abdomen contracted and almost as hard as a board; countenance heavy, a little contracted, and inexpressive; pulse natural; tongue furred; bowels confined since the 9th, although he has had many purges; arms uniting, and ulcers on hands healthy. Felt his jaw slightly stiff on the 10th, but noticed it to no one until it was observed this morning. A drop-and-a-half of croton oil directly, and repeated if necessary.

13th. On account of Mr. Greenhow being ill, Mr. Heath treated him until the 16th; much the same; jaw opened just so far as to allow the tongue to be protruded, and cannot be made to masticate; a few twitching pains of neck, and at the epigastrium on coughing, or on full inspiration; slept well; bit his tongue thrice during the night; bowels freely moved yesterday; motions very dark and offensive. Eight grains of calomel now, and castor oil afterwards, until well purged, and then two grains of opium every second hour.

14th. Less stiffness and soreness of jaw; has had a few slight spasms of the neck; pain at the epigastrium severe; bowels free yesterday; skin molat; pulse natural; urine copious, and loaded with lithates.

To continue to have the calomel at night, with the oil in the morning.

16th. Symptoms much the same; had a few spasms of the back yesterday; mouth slightly sore; sleeps much. To continue the opium, and repeat the calomel and enema.

18th. Some difficulty in swallowing, and slight bending back of the head; other symptoms unchanged.

19th. Looks worse; jaw only able to admit the point of the finger; slight opisthotonos and occasional spasms of neck and back, especially during the night; stools dark and fetid; gums continue tender; is partially narcotised. To take one grain of opium instead of two, and have the calomel at night, with the enema in the morning.

21st. No change; abdomen tense, and pain at the epigastrium, especially on the occurrence of the spasms.

23rd. Much improved; head quite free and jaw can be opened more easily; countenance becoming natural, and pain leaving epigastrium; swallows pretty well; union of arms progressing slowly.

25th. Symptoms slightly increased. The enema again.

26th. Much worse; jaw can scarcely be opened at all; swallows after many attempts, with great difficulty; breathing much oppressed by frequent spasms, which threaten suffocation and cause extreme pain; head and back permanently arched; was resting on the occiput and heels during the night; bowels free; urine again covered by an oily pellicle, on standing a short time. To take half a grain of tartarized antimony, with one of opium, and three of calomel, every three hours, having a double dose every night, and an enema in the morning.

27th. Exceedingly ill; frequent opisthotonos, and paroxysms of dyspnoea, threatening suffocation; great pain at epigastrium; unable to swallow occasionally; abdomen like a board; bowels confined; mouth continues sore; pulse near 100. To continue and have purging enemata.

29th. Easier; opisthotonos greatly gone, and spasmodic attacks of dyspnoea only slight; swallows pretty well; jaw almost closed; bowels free; urine copious, clear, and devoid of the pellicle; motions dark and offensive.

31st. Doing exceedingly well; almost free from spasms and pain; swallows well; mouth very sore; urine loaded with phosphates. To go on with the powder without the calomel.

June 4th. Able to protrude the tongue fully; no spasms nor pain, and indeed very little complaint. The union of the fractures is greatly dissolved, and the bones are rather bent from the violent muscular spasms. To take the powders night and morning, have good diet, and a dose of castor oil when necessary.

8th. Walking about the wards; jaw a little stiff and cramped in its movements yet, and the abdomen rather hard, but no other complaints; urine continues to throw down vast quantities of phosphates.

15th. All tetanic symptoms gone; feels pretty strong, and arms are becoming firm.

25th. Dismissed cured.

PROVINCIAL Medical & Surgical Journal. WEDNESDAY, SEPTEMBER 2, 1846.

The proceedings of the Anniversary Meeting occupy so large a portion of the last and present numbers of the Journal that we are unable this week to do more than very briefly to recommend them to the careful consideration of the members. There is, however, one subject which, under present circumstances, calls for immediate attention. The unhappy position into which the existing Poor-Law Commission is thrown by the results of the parliamentary inquiry into the state of the Andover Union, whether, as respects their administration of the power entrusted to them, their treatment of the Assistant Commissioners, their avowed jealousy of the Secretary to the Commission, or the mutual distrust and want of concord which has prevailed among themselves, cannot be otherwise than followed by their retirement from office. It is not improbable that under these circumstances the present Government may see fit to entirely remodel the Commission; and we trust, therefore, that the Committee appointed by the Association will lose no time in memorializing the Home Secretary on the grievances of the Union Medical Officers, and urging upon him the importance, both to the sick poor and to the medical officers, of placing the entire department of medical relief in competent hands. It is every way desirable that this branch should be kept distinct from the ordinary administration of the Poor-Law, and the experience of several years has but too fully shown that none but medical men practically acquainted with the sanatory condition of the sick poor, and the duties required of the medical officers, can effectually and satisfactorily regulate this department.

REPORT OF THE BENEVOLENT FUND.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Norwich, Wednesday, August 19th, 1846.)

The Central Committee of Management of the Benevolent Fund have the satisfaction of informing the Association that the contributions have, during the past year, shewn a steady increase,—and although the amount of its resources is not yet by any means so large as might be expected from the numbers and influence of this great Association, yet its slow but steady increase, year by year, gives just ground to hope, that it will, as the excellence of its objects and its powers of doing good, become more generally known, attain that degree of success to which it is so eminently entitled.

The Committee thought it desirable in the month of November last to call a special meeting of the Donors and Subscribers to the Fund. An account of

that meeting and of the resolutions entered into, was published at the time. It will be observed that at this meeting the principle on which the Fund was originally established, was, after mature consideration, and a statement of the result of ten years' trial, approved of and confirmed. This principle—one of *pure benevolence*—affords aid to a class of distressed and helpless persons, who have no claim to relief on any of the other Benevolent Medical Societies of this country, which are constituted on totally different principles; and the Committee beg to observe that so well has your Fund been found to work, that a fund of a similar description has within the last few years been established in Ireland, under the auspices of Dr. Kingsley, which has not only adopted our principles, but has copied *verbatim* our rules and regulations, and it appears from the reports published to be flourishing in a very satisfactory manner.

During the past year the Donation Fund has been augmented by the munificent gift of *one hundred pounds* from Dr. Radford, of Manchester.

The Committee would beg particularly to direct the attention of the Association to this Reserve Fund, which is intended ultimately to afford a source of permanent relief, but which cannot by our rules come into operation until the sum of £2000 is accumulated, when the interest will be applied to the granting of small loans to medical men who may be in temporary pecuniary difficulties, and to granting small annuities to the widows and orphans of medical men deceased.

The Subscription Fund has, as usual, been made available to the granting of small sums to several distressed members of our profession; to the families of some left in old age to seek a miserable subsistence from the union workhouse,—and to the children of others to assist in obtaining them some degree of education, and the means of gaining an honest livelihood.

In this manner *seventeen* cases have been relieved; all of which were in extreme distress, and who received the small sums allotted to them with the greatest gratitude and thankfulness. Were it consistent with the delicacy observed in the management of our charity, the Committee could produce letters, breathing the deepest thankfulness, from the recipients of your bounty, such as could not fail to touch the hearts of all, and rouse every benevolent feeling into action.

The Committee trust they need say no more to recommend this admirable charity to your consideration; a very small contribution from each of us would enable the Committee to effect great good to many deserving objects, whilst the individual sacrifice would only be remembered as a source of pleasure and self-respect.

JOHN BARON, M.D., President, Cheltenham.

WILLIAM CONOLLY, M.D.,

Treasurer and Secretary,

Castleton House, Cheltenham.

The following is a short account of the cases relieved during the past year:—

1. To a medical practitioner in Wales, in reduced circumstances £5
2. To the widow of a medical man in Lincolnshire. Recommended by Dr. Charlesworth . . . £5

3. To the widow and family of a medical man in Worcestershire. Recommended by Mr. Moore, Moreton-in-the-Marsh, and Mr. Cowan, Bath £10
4. A highly respectable member of the profession at Colchester. Recommended by Dr. Forbes £10
5. To the widow of a medical man. Recommended by Dr. Hastings £5
6. To the daughter of a medical man in Middlesex, left with only fifteen pounds a year for her support. Recommended by Mr. Hewlett, Harrow, and Dr. Hastings; two donations of five pounds £10
7. The son of an eminent surgeon, reduced to great distress. Recommended by Messrs. Norman and Spender, Bath, and Mr. Morgan, Bristol £10
8. The widow of a medical man at Sheffield. Recommended by Dr. Favell and Mr. Ray, Sheffield, and Drs. Bent and Heygate, Derby . £10
9. The widow of a medical man at Nottingham, in a state of extreme destitution. Recommended by Mr. Booth Eddison, and eleven other practitioners at Nottingham . . . £10
10. A practitioner in Worcestershire, in temporary embarrassed circumstances. Recommended by Dr. Hastings £20
11. The widow of a surgeon in Buckinghamshire. Recommended by Dr. Kerr, Northampton . £10
12. To assist in getting one of the orphan children of a late practitioner in Cheltenham into the Orphan Asylum at Wanstead. Recommended by Dr. Baron and Mr. Murley . . . £5
13. The wife and family of a medical man become insane. Recommended by Mr. Fox, Weymouth £10
14. A surgeon in London, in extreme ill health and reduced circumstances £5
15. The daughter of a medical man in Hampshire, so destitute as to receive relief from a Poor-Law Union. Recommended by Dr. Engledue £10
16. A surgeon from the West Indies, struggling with difficulties and a large family. Recommended by Messrs. Poole and Smerdon . £10
17. A medical man in Devonshire, in very bad health. Recommended by Dr. Glass Black and Mr. Jolley, Torquay £10

Financial Statement for the Year ending June 30, 1846.

DONATION FUND.

	£.	s.	d.
Balance in hand, July 1, 1845	741	16	1
Donations received from July 1, 1845, to June 30, 1846 inclusive	112	14	6
Interest for the year	19	14	4
Total	874	4	11

SUBSCRIPTION FUND.

	£.	s.	d.
Balance in hand, July 1, 1845	43	19	5
Subscriptions received from July 1, 1845, to June 30, 1846, inclusive	177	15	6
Total	221	14	11
Disbursed—			
In Benevolent Aid	155	0	0
Stationary	0	7	6
Printers' Bill	20	9	0
Balance in hand	45	18	5

TRIAL FOR ILLEGAL PRACTICE, AT THE INSTANCE OF THE SOCIETY OF APOTHE- CARIES.

BRISTOL SUMMER ASSIZES, 17TH AUGUST, 1846.

THE MASTER WARDENS AND SOCIETY OF APOTHE-
CARIES OF THE CITY OF LONDON, v. FRANK
BARGER WALL.

Before Mr. Justice Erle and a Special Jury.

Mr. Cockburn and Mr. Barstow appeared for the plaintiffs, and Mr. Stone for the defendants.

Mr. Barstow having opened the pleadings—

Mr. Cockburn proceeded to address the Court and jury as follows:—May it please your Lordship and gentlemen of the Jury—This is an action brought by the Master, Wardens and Society of Apothecaries, under an Act of the 55th of George 3rd., chapter 194, which makes it penal for any person to practise within this realm as an apothecary without having undergone an examination and obtained a certificate of qualification from the Society of Apothecaries.

Gentlemen,—This is a charge of very considerable importance with reference to the life and health of the subjects of this country. You can easily understand that if an unlimited licence were allowed to all persons, whether qualified or not, to practise as medical men, the consequences might be most fatal to the safety of her Majesty's subjects, and in this, as indeed in every other civilized country, a system, under some shape or modification, of medical police and regulation has been thought necessary for the protection of the public. Accordingly this Act of Parliament was passed establishing or rather new modelling and giving new powers to the Society of Apothecaries, and intrusting them with the execution of this Act, and the performance of the important duties which attach to them under its provisions.

The learned Counsel having read the sections of the Act which appoint a Court of Examiners, and render it penal for any person to practice as an apothecary who has not undergone an examination and obtained a certificate of qualification, continued:—

The Act therefore makes these important provisions, that no person shall practise as an apothecary, except he has undergone an examination, and received a certificate from the Court of Examiners appointed by the Apothecaries' Society, and that if he does he shall forfeit a penalty of £20; and the mode in which that penalty is to be recovered is by action at the suit of the Apothecaries' Society. They are the persons to whom the legislature has by this Act of Parliament intrusted the superintendence of the medical department which falls under the definition of the apothecary, and it is part of their duty to see its enactments enforced and carried out. It becomes, therefore, a part of their bounden duty, if they discover any person practising as an apothecary who has not received the certificate required by this Act of Parliament,—and it is a sacred duty, because the safety of the public is involved in its discharge;—it is a sacred duty which they have to perform to the public, and the legislature which has entrusted them with these powers to enforce the provisions of the Act, and to insist on the penalties which it imposes, if persons choose to infringe upon its provisions. This is not therefore the case of a common

suit at the instance of an informer. The Society of Apothecaries have no private interests to serve, no private motives to gratify; they have simply a public duty to discharge, and it is in the discharge of that public duty that they have instituted the present proceedings.

Now, gentlemen, the defendant in this case has, as I shall be enabled to shew you in various instances, infringed the provisions of this Act of Parliament; he has practised as an apothecary in the cases which my learned friend has brought under your notice, in opening to you the pleadings in this case; he is here practising in this town, and to all intents and purposes carrying on his business as if he had been examined and received his certificate from the Apothecaries' Society. Gentlemen, he has not done so; he has never submitted himself to the examination the Act requires, and he is in possession of no certificate which justifies him in practising. These circumstances having been brought under the notice of the Society, they felt they had but one simple straight-forward course of duty to fulfil, namely—that of instituting these proceedings. I am not instructed to say a word against this gentleman's competency—he may be qualified, or he may not—I know nothing on the subject. If he be qualified he has nothing to do but to submit himself to the examination, which, if he has the necessary qualification from education, he may readily undergo; and if he has not that qualification, he certainly ought to be prohibited from practising; and he cannot in any way complain that these proceedings have been instituted against him.

Gentlemen, I am therefore instructed to bring this case before you; I believe I shall have no difficulty whatever in substantiating the fact against the defendant, with reference to all the instances I have mentioned. I do not know whether any difficulty will be attempted to be raised on the subject of what constitutes the practice of an apothecary. I am provided here with numerous authorities to shew that the class of cases this gentleman has affected to treat, not being surgical cases but medical cases;—diseases of the brain, the lungs, the heart, the stomach, and so on, fall within the province of the apothecary. There is not the slightest doubt from the decisions of the judges and the authorities of the Courts, that all these classes of cases come within the proper definition of practising as an apothecary; and any body who practises in that capacity without a certificate, renders himself amenable to a penalty.

Mr. Stone here interposed and said, I take for granted you do not seek to recover more than one penalty in this case.

Mr. Cockburn.—I do not know; what is it you propose to say?

Mr. Stone.—That we cannot resist this action, and that the Apothecaries' Society have done nothing more than their duty in instituting these proceedings. Unfortunately this gentleman was not aware of the law which rendered it necessary for him to take out his certificate. He is a gentleman highly competent to practise; he has been practising as a physician in America; he served a regular apprenticeship in this city; he came back in November, 1844, and he certainly has been practising as an apothecary since that, at the time you have stated.

I take it for granted the only object the Apothecaries' Society can have is to compel him to submit himself to the ordinary examination, and to take out his certificate.

Mr. Cockburn.—Certainly.

Mr. Stone.—All I can say is, that he is a gentleman of high medical and surgical attainments. He has erred in mistake as to the law.

Mr. Cockburn.—Let the gentleman be all my friend describes, that is the more abundant reason why he should conform to the law. If my friend says he does not wish to resist this action, I am satisfied to take one penalty, with this condition,—that as there are the costs of the other issues, it should be upon payment of the general costs of the action

Mr. Stone.—Of course.

The Jury, under the direction of the learned Judge, then returned a verdict for all the penalties in the declaration, amounting to £160, on the understanding that execution should issue only for one penalty, and the general costs of the action.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION: ANNIVERSARY MEETING.

THE DINNER.

The dinner took place at the Assembly Rooms, where above 100 gentlemen were present.

The President of the Society, Mr. Crosse, was in the chair, and was supported by the Mayor of Norwich, (J. Betts, Esq.,) the Sheriff, (J. Colman, Esq.,) S. Bignold, Esq., Dr. Hastings, Dr. Forbes, Dr. Copland, Dr. Conolly, Dr. Ware, Dr. Ranking, Dr. Fisher, &c., &c.

The band of the Sixth Dragoon Guards was in attendance, together with the Cathedral choristers, contributing much to the meeting by the excellence of their performance. Mr. Higgins, of Freemason's tavern, London, a pupil of the celebrated O'Toole, was engaged, and performed the duties of toast-master in a most effective manner. The cloth having been withdrawn, "*Non nobis Domine*," was sung by the choristers.

The PRESIDENT then proposed "The Queen."—The toast was responded to with three times three. "God save the Queen" was sung by the choristers, and played by the band, in a manner which will not readily be forgotten by those who heard it.

The PRESIDENT next gave "Prince Albert, Albert Prince of Wales, and the rest of the Royal Family."

The PRESIDENT.—I give you the "Army and Navy." In regard to the former, I appeal to you if recent events have not proved how much the prosperity of those at home depends on our brave armies abroad. The gallant Colonel, who has favoured us at this meeting, has fought our battles both in the east and in the west; we therefore wish to do him honour. But the toast comes home to our profession, for you must remember that there are medical officers in the army and in the navy; and, I have it on the best authority, that none of those officers can do their duty in the time of battle, unless in danger. We know that they do their duty, and therefore that they have braved the danger, and contributed to that honour and respect which we are now endeavouring to pay to the army and navy.—The toast was responded to with great applause. "Rule Britannia," by the band.

The PRESIDENT then said,—Gentlemen, I trust that in consequence of the two days you have spent here, you are well convinced of the great advantages that have been already derived, and are derived, and are still derivable, from the Provincial Medical and Surgical Association. I think we may say something in favour of it as regards the progress of science, and I am sure we may say much in its favour as having promoted a beneficial knowledge of each other. I should detain you much too long if I were to enumerate or refer to even a few of those fresh and valuable acquaintances which this meeting has been the means of forming during this short,—this too brief period. Gentlemen, you must be aware that it is no easy task to control—to maintain and keep together a large Association like this. I must say, as far as regards my own experience of the medical profession, they are of the *genus irritabile*; they do not bear fierce controversy, and gross attacks, or hints of suspicion, like a minister of state. I must therefore suggest to you, that it is only by the exercise of a powerful mind, that the President of the Council of the Association, and the *Founder of the Association*—it is only by that gentleman obtaining the mastery of his own mind, that he can influence and control the minds of others; therefore, gentlemen, I have to propose a toast that concerns our President, and to which I am sure you will pay every attention. We have been criticised by the press for lauding each other at our meeting, but let the press recollect that when what is said in commendation is merely true, it ceases to be compliment—it is justice. Therefore gentlemen I say, this censure thrown against our Association is unjust, for I consider we pay the least attention we can do to the supporters of the Association, and much less than we should wish to do to its founder, and most efficient promoter, by saying the truth and making *laus virtutis reflectio*. The toast then, is, "Success to the Provincial Medical and Surgical Association, with the health of its founder, Dr. Hastings."—The toast was responded to with three times three.—*Auld lang Syne*, by the band.

Dr. HASTINGS on rising, was received with renewed plaudits, and spoke nearly as follows:—Mr. President and Brother Members, it has been said that out of the abundance of the heart the mouth speaketh; but I assure you, Sir, and fellow members, that I find it very difficult on such occasions as the present to find words adequate to express my feelings of gratitude to you; therefore, I shall best consult your time by simply saying that I thank you for this great act of kindness towards me, and that I will endeavour by every means in my power still more to deserve the high commendation which you, Sir, have been pleased to express concerning me, and which you, gentlemen, by your kind plaudits have so irresistibly forced upon my mind. I assure you, gentlemen, that from these meetings alone I have derived unspeakable gratification. It is now but a very few years since our flag was first unfurled. This was in Worcestershire, where with small numbers we commenced this great Association. We have successively, and at annual periods, visited every part of England; the north, south, west, and now in the capital of East Anglia are we unfurling our banners, and have inscribed on them—"Advancement of medical science, maintenance of the honour of

the profession, and faith and good will amongst every individual member of this Association, and of the great body of the profession in general." Gentlemen, we are actuated in the Association by no selfish motives. We attend not to those taunts that have been thrown in our teeth—that self adulation is the principle by which we are guided. Our conscience tells us that the feeling which actuates us in our proceedings, is a pure desire to increase the knowledge of our profession, and to produce amongst each other that good feeling, that good faith, and social intercourse, which are the great charm of human existence. This gives a charm to our Association, and will, I trust, stamp upon it the motto, *esto perpetua*. For ages yet to come, the Society will still live and have occasion to say that the present generation were actuated by high motives, and great desires for the promotion of the health and true happiness of the community at large. I trust that we can look back with no small degree of gratification to the times that are past. With regard to what we have done, I think we can, in a great degree, challenge the public, and ask the critic, whether our Association has not answered the great purposes for which it was intended. But we will not rest in what has been done. Let us look back and see what we have done, and then press forward and try and do ten times more than that which we have hitherto been able to accomplish. These are feelings which ought to actuate every member of the profession; and in proportion as we put our shoulder to the wheel, and show that the desire to promote the happiness of mankind, and the advancement of the true interests of the community through the benefits which the medical profession is calculated to bestow on it, are the feelings which animate us, we shall be conferring the greatest possible obligation which it is possible for an Association like ours to bestow. There are on the present occasion other signs of the great benefits to be derived by us. I think we may challenge any one of the meetings of this Institution to show such a happy conjunction of scientific investigation and social intercourse, as have marked this Anniversary. And I do say the manner in which the Bishop of the diocese, and the authorities of this city have come forward to say that they are desirous that this Association should prosper, and that they are anxious to show that the city of Norwich is not indifferent to those good and high feelings which give a zest to, and animate, the great principles of our nature—I say that in this respect our Anniversary on the present occasion will be stamped with a high excellence, and will richly deserve a comparison with any one of those that have preceded it. Who that listened to the eloquent and touching sentences that fell from the lips of your respected and venerated Bishop, this morning, could have gone from that room and not have said to himself that these are the meetings which are calculated to benefit our profession, by bringing us in contact with men who cast a brilliant light on the human species, and who by their situation in the state are calculated in every way to recommend our profession in high quarters, and with those who are able to assist us in prosecuting many of the objects in which we are engaged. These are some of the great benefits which result from our annual meetings. They are apart in some degree from our scientific investigations, but they stamp a

peculiar excellence upon the Association, and give it a peculiarity which no other Medical Institution in this country has ever possessed. Gentlemen, time is short and art is long, and I have but a few moments further to occupy your attention. Let me assure you before I sit down, that I go from this assembly to my home, nearly three hundred miles hence, impressed with the kindly and good feelings which has evidently animated the medical profession in Norwich; and in the fervent hope that such assemblies as these may continue to be held, and that the fruits of them may continue to abound. I can only say that I have even been enchanted since I came into this room, seeing that music has lent its aid in adding to the harmony of the meeting. On no occasion have I ever left any meeting of the Association more impressed with a sense of the benefits which it was calculated to confer upon the community, or more desirous to show by every possible effort on my part, that I am in some slight degree deserving of the high encomiums which you have this evening been pleased to bestow on me.

The PRESIDENT, in proposing the next toast said:—Gentlemen, it is a rare occurrence to see in this remote, though ancient city, any member of our profession from distant parts of the world; it therefore strikes me that we are called upon to pay attention to a gentleman who has lately crossed the Atlantic, and, being in the metropolis, has favoured us with his presence on this occasion. Recent events have awakened feelings in our breast, to shew us the value of peace, in the direction to which I now refer. Medical men, better perhaps than any of the learned professions, appreciate the value of peace all over the world; for there is no quarter of the globe, however remote, however constituted as to climate, that does not afford facts and occurrences which apply to the advantage of our science. The facilities afforded by the various periodical publications issued in different parts of the world, (amounting, on the best calculation, to about 150,) are very great. Peace enables us to gain from all quarters of the world, that information which, even though sometimes unheeded, is sure to be distributed throughout the country to the entire medical profession. We have a gentleman present to whom I must refer for one moment—Dr. John Forbes, of London,—who, by his correspondence and contribution, has done so much for the advancement of medical science. It is by his attention that Dr. Ware, Professor of Medicine in the University of Cambridge, Boston, in the United States, has been conducted to the meeting in this city. To this individual I direct my toast, and conclude by giving you the health of Dr. Ware.—Responded to with three times three, followed by the glee "When winds breathe soft."

Dr. WARE, on rising to reply to the toast, said:—Mr. President and gentlemen, I rise to thank you for the honour you have done me on this occasion, and for the courtesy and kindness which I have experienced at your hands, throughout the whole of my attendance on these meetings. I cannot deny that in coming to England it was one of my hopes that I should be here at the period at which this Association should meet, and that I should be fortunate enough to have the privilege of being at the assembly. It is many years since I was first aware of the existence of this society—indeed it was at its first establishment, a circumstance which

I noticed with great interest. I have made myself acquainted with its "Transactions," and although I had no hope that I should have attended here, except as an humble unknown witness of your proceedings, I am none the less grateful for the feelings with which I have been received, and the consideration which you have been so good as to bestow on me. No two countries ever have stood, or will, or perhaps ever can stand, in the same relation to each other as the two countries which we have the honour respectively to represent. The truth of this statement must, I think, commend itself to every individual. Our common origin, for which we have reason to be grateful, and of which we have reason to be proud—our common origin, our common language, and, up to a certain period of time, our common history and literature, all give us a relation to each other, which, so far as I am acquainted with the history of mankind, no other nations have ever borne. This, therefore, gives an American a peculiar interest in visiting the land of his fathers; and let me hope also the land of his brothers. There is also a vast deal in every point of view which makes his arrival, upon this island, a momentous period of his life. It is a period which I may say, for my own part, I have looked forward to, with almost intense desire, from the period of my youth. I have always maintained and cherished a desire to set my foot upon the island of Great Britain, and to form acquaintances amongst its inhabitants. This purpose I have cherished throughout the whole period of my professional career, which as yet has been but short; and now, at the expiration of half a century of my life, I have happily accomplished it. In arriving on this island, there are a thousand things that strike one as being curious, wonderful, and interesting. One is its antiquities. We, as you know, have nothing that would here be called old. Our utmost extent goes not beyond two centuries. No one can trace his lineage back beyond a grandfather, or a great grandfather; and he who can carry it back to the first settlement of the colony, (five or six generations,) is regarded as having an hereditary title to respect, and possessing a long line of illustrious ancestors. Another thing is the immense magnitude of your great metropolis, the city at which I first landed. I was in its midst in storm and darkness; its limits seemed to be like the horizon flying from before me as I attempted to approach them. And I was only convinced that there was a limit by getting into a railway carriage to come to this meeting, and travelling at the rate of thirty miles an hour. One's emotions too, are excited, on arriving at a place which is connected with all the literature and history with which one has been conversant during the greater part of his life. Of course, if our history goes back to so short a period, it is for the most part the history of England, the history of Scotland, and the history of Ireland. In coming to Great Britain, we visit the spots that are noted in English history. Those parts of the city of London in which the great events of your history have occurred, the place where your poets are deposited, the residence of your king, and up to a certain period *our* king, Westminster Abbey and the Houses of Parliament must be fraught with the deepest interest. But, Sir, to a member of our profession, among the most interesting and important objects which strike his attention, are those which have relation to his

profession. If there is any class to whom their profession is dear, I believe it is ours. Nothing, therefore, can be more interesting to one of my country, than to come among those persons from whom he has derived the elements of his medical education, and that interest which he feels in his profession. On arriving here, therefore, my first desire was to see those eminent medical men from whom I have, all my life, been deriving instruction. I had arrived in the country of Harvey, of Hunter, and of others whose names it would be impossible to enumerate. No sooner did I find myself in London, than I was upon almost fraternal relations with one who did us an almost inexpressible service many years ago by the publication of a work introducing the immortal discoveries of Laennec. He has established a medical journal, which is carried throughout the world, disseminating the purest and soundest principles of medical philosophy. I come to Norwich; I am treated with hospitality at the house of your excellent President. I awake in the morning, and in the intervals of the toilet, which you know with physicians is not always the most deliberate operation, I see in the bookcase a medical book. According to my usual custom, I take up the book, and find I am enjoying the hospitality of a gentleman whose work we had occasion to report about a quarter of a century since, on the occasion of an epidemic small-pox, and which, for the first time, unsettled our faith, disturbed our confidence, in the efficacy of vaccination. Still further, on coming down to the hospitable table of my host, I meet there with another gentleman, by whom I am kindly welcomed, one of whose early works it had been my pleasure and my privilege to read, and who, as I found by attending the meetings of this Society, was the founder of your Association, and who seemed to have the heart of the Society, as well as the heart of all others. You have alluded, Mr. President, to the relations, the delicate relations which have existed between our respective countries. I most cordially reciprocate the hearty thankfulness you have expressed at the existence—the continuation of kind relations between us; and I believe there is no man, for whose opinion I have the slightest regard, who would not readily reciprocate the same feeling—who would not have regarded the infraction of those relations, as a calamity, if not a disgrace. One word more, Sir, with regard to the Association, before which I have now the honour to appear. I cannot express how great has been the satisfaction with which I have attended your meetings and witnessed your proceedings. It has given me a high opinion of the science and knowledge of my brethren in the profession in this country. In addition to this I must express the pleasure I have experienced in witnessing the urbanity, kindness, candour, and gentlemanly bearing which have been uniformly exhibited at the meetings of this anniversary. Our profession has been charged with want of kindness and liberality one towards another; this may be true, but if it be so, I will undertake to say that the gentlemen of the Provincial Medical Association are the most remarkable hypocrites it has ever been my fortune to meet. Neither in word, nor in look, nor in act, have I seen anything that will give colour to this charge against the profession of Great Britain, so far as they are represented by the gentlemen with

whom I have had the honour to have intercourse. I do not know what is customary in this country, but it is usual with us, at the conclusion of a speech, to terminate it by a sentiment or toast. You have not taken that course hitherto, and if it is not orthodox, I will refrain; but if you will allow me the privilege of my country, I will give you "the Medical Profession of England and America," leaving to politicians discussions concerning the parallel of latitude which shall divide between them the empire of an uncultivated and remote desert, and let us settle down quietly into the joint occupation of the fertile territories of science.

Dr. Ware was listened to throughout his admirable speech with the most marked attention, interrupted only by the cheers which his observations from time to time elicited, and concluded amid the enthusiastic applause of his hearers.

Dr. HASTINGS.—Mr. Vice-President and gentlemen, I am sure you will be prepared for the toast I am about to give you, and you may think we have neglected an agreeable duty too long. That duty is to do honour to the health of our worthy President. I need not enlarge upon the high professional character of our President on this occasion, but I would call attention to the fact that since it was known that the Anniversary of the Association was to be held in Norwich, he has been unwearied in his endeavours to make it a successful one. With what degree of success your plaudits fully manifest. The endeavours of our President have not been confined to the English shores. He has endeavoured to bring into this city distinguished members of the profession from all parts of the world. It was the knowledge that our President was so exceedingly anxious to give *reclat* to this Anniversary that induced Dr. Forbes to invite the distinguished visitor, with whose eloquence we have just been delighted, to cross the Atlantic, and to come here anxious to hold out the right hand of fellowship. I need not tell you, and I will not at this hour stop to dilate on the advantages that will result from this great dissemination of the sentiments of medical philosophers, and the social advantages that will result from the intercommunication of men of like minds, or the advantages that have shone forth in this bright re-union; but I will conclude by proposing—"Health and long life to our worthy President, and may each succeeding year bring fresh honours to him, and the wreath of merit so justly his due be placed upon his brow."

The toast was responded to with three times three, and one cheer more.

The PRESIDENT rose and said, it is not desirable to my mind to delay in addressing you for the honour you have done me at the suggestion of Dr. Hastings. When you refer to me as connected with the Society in the high capacity which I have the honour to fill, I can only say that I am the small apex of that vast pyramid. For the last forty years I have been in strict and attentive pursuit to the best of my abilities of the medical profession, and I can say with honest truth, and without fear of suspicion by those who know me most intimately, that for the last year or two, my delight in the pursuit has been rather increased than abated. It is surely a delightful profession, and one possessing much to recommend it, that can so long keep up an earnest and sincere interest. There is one most powerful requisite, however, and for which I cannot be suffi-

ciently grateful to the Power above. There is one requisite, and that is the *mens sana in corpore sano*, and with that blessing the profession is what I have represented. I must now refer to the meeting, and cease to refer to myself, and I must state there would have been no possibility of having a re-union of this sort, and to this extent, of bringing gentlemen from different parts of the kingdom, if it had not been for that rapid communication which recent improvements in science have brought about, and which promises to change the whole face of society throughout the world. Gentlemen, I regard the rapid transit of railway conveyance as the triumph of science, as the application of mind to the appliances of matter; and, I should say, as to the result of this rapid communication, if attended with safety, it will fertilize the material soil, and at the same time it will fertilize the intellectual soil. But it is not merely the conveyance of persons, it is the facility of intercourse between mind and mind, that we should hail with delight, and from which we feel daily and constantly the effect, in the diffusion of knowledge. Gentlemen, I thank you again for the compliment you have paid me.—The "Railway Galop" was now played by the band, and excited mingled merriment and applause.

The PRESIDENT.—I have now a pleasing duty to perform, for it is one of gratitude. We are favoured with many visitors from the metropolis, and I would like to point out some of those visitors, but time forbids that I should refer to them all. I shall join with my toast the name of Dr. Copland—a name so singularly distinguished in the literary ranks of our profession, which till of late years really did lack literary reputation, but through the influence of gentlemen present at this table, there has been an immense growth in that direction, and more especially through the labours of Dr. Copland. By his single head and hand there has been produced a work which I need not name. There is only one thing I regret, that the work is not completed, and we must beg him to expedite the completion, and not leave us a beginning without an end. I trust that you will all understand these remarks, and see that they are applicable. I do not wish him to proceed at a railway pace, but at a steady moderate rate, and terminate with the same rapidity as he commenced. There is another gentleman to whom I would allude, but his modesty forbids me to mention his name, and we know that modesty is the characteristic of superior talent, when that talent is attended by superior virtue. I name him, however, as the Rokitaniski of Great Britain. The toast is, "Dr. Copland, and the medical visitors from London." Three times three.

Dr. COPLAND said, the time would not allow him to make a long speech on this occasion. He assured the company that he felt highly gratified by the compliment which had been paid to him. He believed the notice which had been taken of him was in consequence of his literary efforts. He was pleased to see around him so many connected, more or less, with literature. He had felt the advantages to be derived from the study both of ancient and modern literature, and he believed he expressed the sentiments of his literary brethren around him in acknowledging with gratitude the manner in which they had been received in this city.

Mr. S. BIGNOLD would not have risen but for a call from the chair, to propose a toast. He had great pleasure at the same time in expressing his happiness in being present at this meeting. He had been requested to propose the health of a high municipal officer, who had shown his readiness to come forward on all public occasions, which it was his duty and privilege to do. Mr. Bignold had much pleasure in proposing the health of "The Right Worshipful the Mayor," for the spirited manner in which he sustained the duties of his office, and he would couple with the Mayor "The Corporation of Norwich."

The MAYOR, in acknowledgment, said he could scarcely find words to express his feelings for the high compliment. He felt that to be the proudest moment of his life, and he considered it to be a proud day for the city of Norwich to have had such a meeting of the medical profession. If he could only do his duty towards the citizens of Norwich, it was all he could expect. He wished all present health and happiness.

At this period, with that military precision and command which had marked the whole proceedings, the President finding that the allowed time was expired, was compelled abruptly to retire, and the national air being called for, he left the room attended by a majority of the company, many of whom were just in time to leave the city by mail train for London. Another Chairman was chosen to conduct through some of the remaining toasts that had been necessarily left, and particularly the health of Dr. Ranking, the reader of the Retrospective Address, on which account it was stated that he was entitled to earlier attention and not less so for his excellent half year's "Abstract of the Medical Sciences," which was pronounced to reflect great credit on the Association, of which he proved himself so distinguished and deserving a member.

THE MEDICAL REGISTRATION BILL.

HOUSE OF COMMONS, SATURDAY, AUGUST 22, 1846.

Sir George Grey begged, before the next order of the day was read, to ask the honourable member for Finbury what course he intended to take with respect to the Medical Registration Bill. A good many representations had reached him on the subject; a great many of them were of a character extremely favourable to the Bill; and it was stated that the measure would confer a valuable boon on the profession; but, at the same time, some intimations of a different kind had also reached him, and from parties whose opinions were deserving of respect from the position they occupied. His (Sir George Grey's) own opinion was, that the principle of the Bill was a good one, but it was necessary to examine further the details of the measure. What he would ask the honourable gentleman to do was, to let the Bill stand over to next session, and any assistance which it was in his (Sir George Grey's,) power to give, in removing objections to the Bill, he should be ready to afford. The details of the Bill he thought required several alterations. Even some of the parties favourable to the measure wished to have amendments they suggested made in some of its clauses; and at this period of the session he would remind the hon. gentleman that they could not ensure that satisfactory consideration of the

Bill to which the parties interested were justly entitled.

Mr. Wakley felt, that after the statement of the right hon. gentleman, he had, in fact, in the present state of the session and of the house, no choice but to postpone the measure. From the representations that had been made generally throughout the profession, it appeared that it was in the highest degree a popular Bill, and that the opposition to it proceeded only from a few quarters, and in fact from individuals connected with medical corporations, who never would be satisfied with any system of medical reform worth anything to the profession or to the public that could be proposed in that house. He (Mr. Wakley) consented, after the very handsome promise of assistance from the right hon. baronet, to defer the Bill to next session of Parliament, pledging himself to introduce it, or a measure resembling it, at the beginning of the session, if he should have the honour of possessing a seat in the house at that time.—*Morning Chronicle*.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, August 21st, 1846:—C. Tipple; S. Sprigge; T. Macartney; T. M. Ward; H. Beckwith; N. G. English; G. Annis; J. J. O'Dowd; P. F. L. N. De la Rue; J. Conan; I. Lodge.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, August 13th:—Daniel Edward Hamilton; George Cheesman, Southampton; Henry Winterbottom, Manchester; Frederick Fawcett, Wisbech.

Gentlemen admitted Licentiates, Thursday, August 20th:—Matthew Ledger, London; Charles Edward Verling Goate, Calcutta; Frederick Augustus Kingdon, Exeter; William Sedgwick Saunders, Royal Navy.

THE BENEVOLENT FUND.

The Treasurer of the Benevolent Fund has received, through Dr. Bull, of Hereford, a donation of three pounds from the late Herefordshire Medical Association.

OBITUARY.

Died, August 12th, aged 72, C. D. Nevins, Esq., M.D.

August 13th, George Langstaff, Esq., Surgeon, well known as an eminent member of the profession.

August 17th, John Chevalier, Esq., M.D., of Aspell, Suffolk.

TO CORRESPONDENTS.

Communications have been received from Dr. O. Roberts; Mr. E. Copman; Sir J. Fife; Mr. F. A. Bulley; and Mr. Cantrell.

Wellington, Somerset.—The Botanical name of the Matico plant is, *Artanthe elongata*, Miguel, *Piper augustifolium*, Ruiz and Pavon; its native country is South America.

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"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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NOTICE IS HEREBY GIVEN, that a General Meeting of the Members of the Institute will take place on WEDNESDAY, September the 9th, at the HANOVER SQUARE ROOMS, Hanover Square, at Half-past Six for Seven o'clock, precisely, for the purpose of appointing Trustees, Treasurers, and of making arrangements for the Election of a Council by Ballot.

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WEDNESDAY, SEPTEMBER 2, 1846.

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Practical Anatomy.—David Bolton, M.R.C.S., Bath Row.
Materia Medica and Therapeutics.—James Johnstone, M.D., F.R.C.P., Old Square, Senior Physician of the General Hospital; and G. B. Knowles, F.L.S., St. Paul's Square, Surgeon of the Queen's Hospital.
Chemistry.—J. G. Tilley, College, Member of the Chemical Society of London.
Medicine.—John Eccles, M.D., Newhall Street, Physician to the General Hospital.
Surgery.—William Sands Cox, F.R.S., Temple Row, Senior Surgeon of the Queen's Hospital.
Ophthalmic Surgery.—Richard Middlemore, F.R.C.S., Temple Row.
Midwifery.—Samuel Berry, M.R.C.S., Newhall Street, Surgeon of the Town Infirmary and Magdalen Asylum.
Forensic Medicine.—John Birt Davies, M.D., Newhall Street, Senior Physician of the Queen's Hospital.
Botany.—G. B. Knowles, F.L.S., Surgeon of the Queen's Hospital.
Hygiene.—John E. Melson, M.D., F.C.P.S., Newhall Street, Physician of the Queen's Hospital.
Clinical Medicine and Surgery.—Professors Johnstone, Eccles, Davies, Melson, Cox, Knowles, and Parker.
The above Courses are delivered in the Theatre of the College.

RESIDENT STUDENTS.

FIVE YEARS' STUDY.

On the payment of 350 guineas, rooms, commons, &c., will be provided during a period of five years; together with indentures of apprenticeship where required, and instruction in Moral Duties and the Principles of Religion, in Classics and Mathematics, in the Modern Languages, in Surgery and Medicine, and Hospital Practice.
The above payment may be made by four instalments, &c., viz., 100 guineas on matriculation and the execution of the indentures, 100 guineas the following year, 100 guineas the third year, and 50 guineas the fourth year.

THREE YEARS' STUDY.

The fees necessary to be paid for the course of study required by the regulations of the Royal College of Surgeons of England and the Society of Apothecaries, amount to £42 (exclusive of the Matriculation Fees and Hospital Practice.) The payment may be made in two equal sums—viz., £21 on the 1st of October, and £21 on the 1st of January.

College Residence, under the immediate supervision of the resident Classical Tutor and Chaplain of the College, the resident Mathematical Tutor and Chaplain of the Hospital, and the resident Medical Tutor, including commons, chamber rent, coals and candles, servant's wages, &c., will not exceed in expenses £48 for the two Sessions. The Students breakfast in hall at seven a.m.; dine at two p.m.; have coffee at seven p.m.; and refreshment at nine p.m. The payments may be made by three instalments—viz., £18 on the 1st of October; £18 on the 1st of January; and £12 on the 1st of May.

NON-RESIDENT STUDENTS.

Non-Resident Students are admissible to both departments; such Students to pay the annual matriculation fee, and the usual charges for tuition in such classes as they attend.

Non-Resident Students may be admitted to the Medical Department only on the payment of a matriculation fee annually, and the composition fee to all the Lectures. Such sum to be paid by two instalments, namely—the first moiety on the matriculation, and the second moiety at the commencement of the second division of the Winter Session.

Students requiring only a limited course can make special entries for Lectures or Practice as heretofore.

THE QUEEN'S HOSPITAL.

DAILY AT NINE O'CLOCK.

Students who have compounded for Lectures, perpetual, £21. One year's attendance, £10 10s.

The Clinical Clerks and Surgeon's Dressers will be selected, according to the laws and regulations of the Hospital, from the Students, without any additional fees.

It will become necessary that those who wish to become Resident Students should make an early application, as only a limited number of rooms has been provided.

Application to be made for any further information which may be required, whether as to the details of the study in each year, the rooms, the dietary, the lectures, scholarships, prizes, the hospital practice, or any other matters respecting the general system, or the working of the several departments of the College, to the respective Professors.

Dr. Birt Davies, the Honorary Treasurer, 25, Newhall Street, is authorised to receive all fees from students.

WILLIAM SANDS COX, Dean of the Faculty.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS READ AT THE
FIFTH ANNIVERSARY OF THE READING
PATHOLOGICAL SOCIETY, JULY 8th, 1846.

By F. A. BULLY, Esq., F.R.C.S., Surgeon to the
Royal Berkshire Hospital.

Mr. President and Gentlemen,—It is with considerable diffidence that I have taken upon myself the duty, which, through your kindness, it has fallen to my lot this evening to perform,—that of epitomizing the transactions of our Society for the past year; but I trust to your liberal indulgence, and hope that I may be able at least faithfully to acquit myself of the honourable task. There can be no doubt that these duties are of a very responsible and onerous kind, involving an amount of tact and power of condensing a mass of interesting material, which I am fearful I do not possess, but I will use my best endeavours to discharge them, and if I fail I shall even be pleased to think that the failure may be attributed more to a want of actual capability on my part, than to a want of zeal to forward the objects of medical science, which societies like the one I have now the honour of addressing are so unquestionably calculated to promote. Fortunately, others have gone before me in these duties, and have left me very little to say respecting the advantages which our Society offers to its members. I could dilate freely upon the knowledge, which, through its means has been stored for our use, and that of science in general, and on the kindly and harmonious feelings among the members, which it has engendered and encouraged, but the subject has been so ably handled on previous similar occasions, that I feel I shall be excused if I waste not your time in reiterating what has been so eloquently expressed by my predecessors in this duty.

Perhaps I cannot give you a better illustration of the utility of such societies as ours, than by extracting a portion of Sir Benjamin Brodie's Retrospective Address to the Medico-Chirurgical Society of London, which has been quoted by my learned colleague, Dr. Woodhouse, on a former occasion, but which, as coming from so distinguished and observant a member of our profession, cannot on such an occasion as the present, be too often recalled to your recollection. He remarks—"Whatever brings a number of men of our profession into friendly intercourse and scientific conversation will be useful in exciting emulation, exercising intellect, and giving additions to their knowledge; it maintains the zeal of the zealous, while it imparts a spirit of emulation to those who are without it; it removes the distrustful feelings so liable to

be engendered by professional men not personally acquainted; it gives us a better knowledge of ourselves, teaches humility with respect to our own attainments, and respect for the opinions of others."

The annals of the past year contain the records of many interesting papers, several of them remarkable either for their novel views of the theory of disease, or for some important improvements in the means of treating it, and a mass of information of a very valuable kind has been thus accumulated, which cannot but have been extremely beneficial to all who have attended our meetings. Many of them, besides being of high practical interest, evince a deep and intimate acquaintance with the literature of our art, and have been the means of conveying to us an amount of knowledge which otherwise we might not have had the time or the opportunity to obtain.

The shelves of our museum teem with the works of our more active fellow-labourers in the path of science, and during the past year many curious and valuable additions have been made to our already interesting collection of pathological anatomy. Thanks to the skill and industry of our curator, Mr. Dunn, to whom our Society is under great obligations, our museum bids fair to rival at no distant period many others of much greater pretensions and longer standing than the one he has done himself so much credit in arranging.

Partly through the liberality of the Board of Management of this hospital, whose laudable attention to the wants and comforts of the Society cannot be too highly estimated or too frequently acknowledged, we have become possessed of a microscope of the most accurate and powerful construction. Unfortunately, a knowledge of its capabilities to unravel and explain the minute organization of the natural textures of the body, or the causes of the more important changes which take place in disease, cannot be obtained without much labour, observation, and experience, combined with a knowledge of optical phenomena which it falls to the lot of but a few to possess; but I have every reason to anticipate that its possession will, in a little time, prove a source of practical advantage to us all, through the attention of our distinguished colleague, Dr. Cowan, whose efforts to explain its uses by the constant performance of instructive experiments, cannot be too highly appreciated by the Society.

Within the last year we have had to regret the absence of one of our esteemed Presidents, who has retired from the active duties of his profession in Reading. I need not say that I allude to Dr. Smith, the recollection of whose good qualities, both as a gentleman and a friend, must be dear to all who ever

had an opportunity, either social or professional, of enjoying his acquaintance. There is yet another member of our Society whose services I cannot omit to mention, I allude to our remaining President, Mr. Bulley, my father. Without any object of professional distinction, he has watched over our proceedings with an interest which we could hardly expect from a person of his years, and has always evinced the greatest satisfaction when he has observed any improvement to medical science to emanate from the discussions of our Society. May he continue to preside over our meetings, and may he also continue to deserve the respect and esteem which a long and useful life has procured for him.

I cannot conclude these preliminary remarks without noticing the services of your Honorary Secretaries, Dr. Woodhouse and Mr. Harrison. The attention of both these gentlemen to their duties has been such as to deserve our warmest praise, but to Dr. Woodhouse I feel myself personally indebted. The clear and comprehensive manner he has adopted in condensing the somewhat voluminous transactions of the Society has rendered my labours comparatively light, and has afforded to our Society an accurate abstract of our proceedings to which we may be able to refer in after times with gratification and advantage.

Thanks to Almighty Providence I have no such painful duty to perform as to record the death of any one of our members, as has happened in former years. May God preserve you all for many years to come, to enable you to persevere in the prosecution of your useful and scientific labours, and lead you to the gratification of that high ambition, which ought to be the common object of us all,—the ambition of possessing knowledge which may be turned to the benefit of our fellow-creatures.

I shall now proceed without further preface to the more immediate business of the meeting,—that of detailing as clearly as possible the cases and observations which have during the past year been offered to the notice of the Society for discussion; but in doing so I shall adopt a different system to what has usually been employed on these occasions. It has been customary to divide the description of the pathological specimens into systems or groups, but for our present purpose it will be sufficient for me to divide the year into twelve monthly meetings, describing the proceedings at each meeting, in the order in which they have occurred. Of course it will not be required of me to record every observation that has been made in the course of the discussion, but such only as I consider to have a practical bearing upon the points discussed will be particularly noticed.

*At the forty-eighth meeting, the first of the season—*Mr. Harrison presented the abdominal and thoracic organs of a monkey, about six months old. It had been lately brought over from Calcutta, with a number of other animals of the same kind, and on its arrival in Reading was apparently perfectly healthy. Within a week, however, of its being brought to Reading, it suddenly began to droop, failed in its appetite and strength, and was observed to have a constant cough; within five weeks it died, with every symptom of general and phthisical consumption. On dissection, the lungs, liver, spleen, mesentery, &c., were found to be

crowded with tubercles; they were thicker in the right lung than in the left. In alluding to this case, Mr. Harrison remarked that the discovery of the existence of tubercles in this little animal's lungs was not without its value as illustrative of the cause of analogous productions in the human subject. This monkey was landed in perfect health to all appearance, but rapidly died of consumption. It was well known that this disease was the bane in zoological gardens, of all animals brought from a warm climate, and that rabbits, cows, &c., kept confined in the damp, with poor food and impure air, quickly died from the same disease. Confinement, change of air, diet, and separation from its companions, &c., in this case were sufficient causes, all of which might be, and were occasionally, in operation in the human subject. He thought that the deposition of tubercles in these cases was a strong argument in favour of their accidental production, contrary to the opinion of several distinguished pathologists, Dr. Cowan among the number, who believed in a most universal hereditary predisposition.

Dr. Cowan said, that M. Lugol had found, in almost every case of phthisis he had witnessed, that some member of the family had been previously affected, and that his experience perfectly coincided with that of M. Lugol. It could not be denied, however, that in some cases its production was entirely accidental, and might fairly be said to be so in the case of the monkeys and other animals brought to this country from the tropics, which it could hardly be believed had any predisposition to the disease.

Mr. Walford thought that the change of temperature might have a good deal to do with the development of the disease in animals, in consequence of the relation of the work to be done by the lungs in hot and cold climates materially differing.

Dr. Cowan then entered into a lucid and eloquent exposition of the causes of phthisis. He said that when the system was placed under circumstances unfavourable to the perfect fulfilment of its functions, various abnormal products would be generated, as happened in the generation of tubercles, the secretion of alkaline urine, and in some cases, of *albuminous* expectoration. The cause of this might be some hereditary predisposition,—some hereditary imperfection. It might also be the result of accidental circumstances, or occur at a certain age, when the vigour of the system began to diminish, and that under such circumstances the most trifling causes were sufficient to produce phthisis. He believed that when the body was in full and perfect vigour it might be exposed to every exciting cause with impunity, and that the reason why phthisis so frequently follows the transportation of the lower animals, was because their organization was not fitted to undergo and withstand those changes of circumstances for which the human body was by nature peculiarly destined.

Mr. May presented the kidneys of a man 60 years old, a carpenter by trade, of very irregular habits, who had frequently during his lifetime passed calculi of lithic acid, the last attack of which had occurred twelve months prior to his death. He kept to his work, however, until three weeks before he died, during which time his symptoms were, loss of appetite, thirst, vomiting of everything taken into the stomach,

bowels confined, vision obscure, sleep disturbed, cramps in his legs, and slight subsultus tendinum. The quantity of urine evacuated was a pint in the twenty-four hours, which gradually became diminished to a quarter of a pint, of a pale colour, and alkaline albuminous character. The vomiting continued to the end, and he died asthenic.

Examination after death:—Both kidneys were enveloped in fat, and their capsules had become much thickened. The right one was small, atrophied, and compressed, the central portion being of a yellow colour, very distinct from the tubular. The left kidney was larger and not so condensed in its structure. The calyces and pelves of both were dilated, and the ureters enlarged. In the right was found some sabulous matter, and in the left a calculus of the size of a filbert.

An animated discussion ensued, several of the members thinking that these specimens of renal affection were the result of the operation of Bright's disease, in which opinion the narrator coincided, and dwelt upon the importance of discriminating these cases correctly, as otherwise the most injurious results might ensue from their nature being mistaken or overlooked.

Dr. Cowan then mentioned the case of a woman, aged 60, who had been suffering from an hypertrophied condition of the heart, combined with an affection of the head, for some years past. She experienced much inconvenience in walking about, moving always with the greatest caution. After a time she was suddenly seized with paralysis and almost total insensibility, and expired in a few hours. On the body being examined after death, the vessels of the brain were found much diseased, and had undergone the steatomatous degeneration. The left hemisphere was gorged with blood effused into its substance from the giving way of one of these altered vessels. It is to be regretted that the examination was not pursued further in this case.

At the forty-ninth meeting, the second of the season—

Mr. Jeston related the case of Jane Pratt, aged four years and a half, who the year before had had scarlet fever, followed by dropsy, shortly after which a tumour was discovered in the right side of the abdomen. She died on the 1st of July in the past year. On examination after death, an extremely hard sarcomatous tumour, weighing seven pounds, containing in some parts of its substance cells of pus, and blood was found in the abdomen. The kidneys and liver had continued their functions up to the time of her death. The tumour seemed to have commenced in the cortical part of the kidney; the pelvis, blood-vessels, ureter, were perfect, but the cortical portion had entirely disappeared. The tumour was adherent to the lobulus Spigellii. The urine was not coagulable by heat or nitric acid. The left kidney was hypertrophied, but healthy.

Dr. Wells presented a skull which had been found in a tomb near Naples, which he supposed to be about 1800 years old. He did not present it as a pathological specimen, but as one of curiosity, from its evident antiquity, which was evinced by the coins of Nero found in the tomb, as well as by the old Roman masonry of which the tomb was constructed.

Dr. Cowan related the case of a delicate female to whom he had been called lately. The patient had died shortly before his arrival. She had been under the impression that she was pregnant, and had thought such had been the case two or three times before. She had been to London to consult Dr. Lee, who told her she might be pregnant, but also said her complaints might be caused by a tumour of the uterus. The day before Dr. Cowan was called she was alarmed by the unexpected report of a gun, and suddenly became faint and lost her colour. Stimulants of various kinds were administered, and a slight reaction ensued, but on the following day a greater degree of collapse was evident, and on attempting to swallow some brandy and water, she felt back and expired. On examination after death the vital organs were found to be perfectly free from diseased appearances. The uterus was enlarged as if pregnant in the fourth month, very symmetrical in shape, and smooth on its surface. On opening it a fibrous tumour was found lodged in its anterior wall. The womb had increased uniformly with the tumour, covering it closely; the cavity of the organ, upon which it did not appear to encroach, was beneath and behind it. Dr. Cowan supposed that the death in this case had been occasioned by a collapse of the system, producing congestion of the great vessels and the heart, from which from her anæmic condition she had not the power to rally. Two years before her death she had given birth to her third child.

Your reporter observed, that in this case the tumour found in the uterus might have in reality little to do in causing the sudden death of the patient; its existence, however, as a slow growing and perhaps painful disease, might, through the constant anxiety of mind it would produce, so affect the vital functions, as to bring on that depressed anæmic condition of the system which Dr. Cowan considers (by its not permitting her to rally from a shock,) occasioned her death. There are cases, however, on record, of the *post-mortem* appearance of tumours found in the uterus in old persons, and your reporter has himself observed such instances, which have not been complained of, or even suspected, during the lifetime of the patients, and where they must have remained in a stationary state during the latter years of life. Again, they are sometimes observed to undergo an osseous degeneration and enlarging, to quit their original seat, and to project and even fall into the cavity of the abdomen, a remarkable instance of which came under the notice of Dr. Cowan and your reporter some time since, and constitutes one of the finest specimens in our pathological collection.

At the fiftieth meeting, the third of the season—

Mr. May exhibited a calculus, of the mulberry kind, which he had a short time before extracted from the bladder of a patient in the hospital by the lateral operation, at the same time reading a history of the case, which differed in no respect from that of the generality of such cases. He had employed in the operation a staff, considerably more curved than those in ordinary use, but which, however, he would not give the preference to in future, and had made the external incision much lower down than usual, his reasons for doing which he explained, and, as far as we could catch his meaning, we understood that by so doing all the vessels of the part, which might otherwise be wounded, were more certainly avoided, and the stone was capable of being

extracted in a more direct line. In this case, through the stone being of a large size, and exceedingly rough upon its surface, the extraction was rendered very difficult, but by gentle and sustained traction it was safely removed. The case proceeded favourably, and the patient had, at the date of Mr. May's observations, nearly recovered from the operation.

Mr. Field (whose recent retirement from the Society I will here take occasion to notice with regret,) presented a morbid specimen taken from a girl who died from what he considered to be acute stricture of the œsophagus, and from the history of the symptoms, it would appear that such had been the case. On examination after death, an enlarged tuberculous bronchial gland was discovered lying on the right side of the trachea, a little above its bifurcation; another longer than this, and also tuberculous, situated immediately below the right bronchus, was so placed that it pressed on the œsophagus and closed its canal, which was slightly dilated above this point, and contracted below it, leaving no doubt that death resulted from this cause. A section of one of these tumours displayed a mass of tuberculous matter, containing two or three cells filled with pus, and some streaks of carbonaceous matter, the whole being enveloped in a tolerably firm capsule. The base of the right lung contained several small tubercles, one of which was rapidly advancing to suppuration.

In the course of the discussion which followed, Dr. Cowan took occasion to observe, that a tumour similar to that of the bronchial gland existed in the lower lobe of the lung, while there was no tubercular degeneration in the upper lobe, and said he thought the case came under what the French called bronchial phthisis, the chief diagnosis of which was the age of the patient and the absence of the usual signs of phthisis of the lungs. The age at which this affection is generally found to occur, is from 6 to 12 years, and the disease is produced by the deposit of tuberculous matter in the bronchial glands. It was not improbable, that in this case, the pressure upon the blood-vessels by the tumour might have so altered the condition of the lung, as to occasion a tuberculous deposition in its lower instead of its upper portion, and it was fair to infer that if this pressure had not existed, there would have been an equal and extensive distribution of deposit throughout the whole of the lung. A conversation upon this ingenious explanation concluded the discussion.

Dr. Cowan was then requested to read his promised paper on statistics, the object of which was to prove the value of the method of registration in public institutions as well as in private practice. He exhibited a series of elaborately-constructed tables drawn up from the records of 4443 dispensary cases, according to the method recommended by Mr. Farr, which for perspicuity of arrangement and accuracy of detail, was as perfect as the most sanguine enquirer after statistical information could desire, and at the same time he read an explanatory report for the four years in which the recorded cases had occurred. This report, from its locally-interesting character, excited considerable attention, as a complete tabular history of the registration of an institution which admitted from 1000 to 1200 cases annually, out of a population of little

more than 20,000. The charity, including every district of the town, was scarcely, (to use the words of the narrator,) attended at all by country applicants, and might be said fairly to represent the average diseases of Reading. I will not enter at large into a description of the tables, which are complete as far as they can be made so. Every circumstance has been stated to render them highly valuable to medical practitioners, especially to those residing in the town; and Dr. Cowan deserves the thanks of the profession for this instance of his industry and method. The tables as well as the report has been published in the "Transactions" of the Provincial Association. There is one part of the report, however, which so immediately concerns the sanitary condition of the town in general, and is so important to us all, as guardians of the public health, that I cannot close my notice of this valuable paper without offering to your observation one of the remarkable truths which it develops. Speaking of the general health of the town, he says, "Though Reading may be considered as on the whole decidedly healthy, its immunity from febrile disorders would be still greater were hygienic arrangements more effectually carried out. It still contains many miserably constructed houses, badly-drained and badly-ventilated courts, the supply of water is insufficient, the sewers are often injuriously exposed, and in one or two limited districts the under soil is saturated with water. The sewerage of some of the principal streets, though from soil and inclination easily accomplished, is also far from being satisfactory, and the grated openings of the main drain are, in warm weather, the sources of noxious and disgusting effluvia."

(To be continued.)

ON THE MEDICINAL LEECH: (SANGUISUGA OFFICINALIS, SAV.)

By THOMAS BRIGHTWELL, Esq., Norwich.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, Wednesday, August 19th, 1846.)

The existence in Norwich of an artificial pond or reservoir, in which for many years from twenty to thirty thousand of the medicinal leech are kept, has enabled me to investigate the natural history of this animal, and to offer some suggestions by which, perhaps, we might at least aid in supplying the quantity needed for our own consumption, instead of being almost entirely dependant, as we at present are, on a foreign supply. Any information on this subject is the more important, as it is stated, that, from a variety of causes, there is an increasing scarcity of the animal. It appears that at least ten millions of leeches are imported into London alone every year, and from the extent of the demand it is obvious that any suggestions for the preservation and rearing of the medicinal leech in this country, are not undeserving attention.

The medicinal leech, *Hirudo medicinalis*, or, according to modern nomenclature *Sanguisuga medicinalis*, is found throughout nearly all Europe, and, in small quantities, in this country. The greater number of those imported are sent from Hamburg, and are obtained in Hungary, Austria, and Prussia; some are also imported from France and Portugal. The dealer

in Norwich says he considers the Prussian leeches bite the best, and that the French leeches are slow biters, and that the Portugal leech is not fit for use till it has been kept some time in the ponds. These varieties attack and even destroy each other; the Hungarian particularly, attacking and biting the Prussian when they are first put together. The merchants abroad keep them in natural ponds for about two months before they are imported, and import them closely packed in bags. A leech, used for medicinal purposes, is found in considerable numbers in the Madras territory, and attempts have been made to export them from thence to the Cape of Good Hope, where leeches are very dear, but I believe the experiment has not hitherto succeeded.

The varieties of the leech are so distinctly marked that the dealers recognize them instantly, and they bear their proportionate value in the market. The dealer in Norwich knows the varieties at first sight, and seems well acquainted with their qualities. He states that he is the only person in this county who has an artificial pond for their preservation, and that he has been abroad to procure information and the material to form his ponds, and he professes to have some secret means, unknown to any but himself, by which his leeches are preserved and supported, and the water kept pure. One of the principal points to which his attention has been directed, that of the propagation of the species and rearing the young, he has signally failed in, owing, in part, to his entire ignorance of the ova when deposited, and the young in its early state. In fact, when I first visited his ponds, about four years ago, he was so ignorant of the ova deposits of the leech that he considered them to be the germ of some noxious animal, and uniformly destroyed them as soon as detected; and he, at that time, pointed out as young leeches the small *Planaria* that were common in his pond, and looked to them as increasing his rising stock; whereas, the *Planaria*, though externally very like a small leech, is an animal of totally distinct organization, and not of the same family as the leech.

Dr. James Rawlins Johnson, of Bristol, published two small volumes upon the subject of the medicinal and other leeches, the last of them containing the translation of a memoir, by Dr. Noble, of Versailles, on this subject; and in the last of these volumes, which was published in 1825, the ova deposits of the medicinal leech seem to have been first made known in this country, and good figures of them were given. No information is, however, afforded by these publications as to the rearing of the young.

Aided by the information in these volumes of Dr. Johnson's, I have endeavoured to extend his observations, and have succeeded, after several failures, in rearing the young and carrying them through the cold of our winter, after their first development.

The leeches in the pond in Norwich, begin to make their ova deposits in the months of June and July, and in this latter month, great numbers of the ova deposits (called by Noble *cocoons*;) may be found, firmly fixed to the sides of the leaves of the aromatic flag, with which the pond is planted. From three to six or seven ova may be seen in each cocoon, and about three weeks after the cocoons are produced, the fœtus of the young may be seen moving in them; and about three weeks after the young have quickened, they

make their exit from the cocoon, by piercing through a soft aperture at the end. The young, when first developed, are very minute and transparent, so much so, that very careful observation is necessary to detect them, and they evidently search for, and immediately require, food, or they soon perish. For two successive years I had no difficulty in procuring the cocoons, and securing a plentiful supply of young leeches as they issued from them; but I failed in affording them the needful nourishment, and after a few days they all died. I tried various experiments to feed them, by offering them blood, pieces of small earth-worms, small animalculæ, and by placing them in some of the clay from the leech-pond, and other devices, and though some of these means appeared to succeed for a short time, they all eventually failed.

I observed that the young leeches attacked pieces of very small earth worms, but from their size, they could not swallow them. It occurred to me, that, if I could procure some red worms as small or smaller than the young leeches themselves, I might succeed in rearing them, and that probably some of the *Lumbricus tubifex* of Müller might answer this purpose.

This minute red worm, which I take to be the *Tubifex rivulorum*, of Lamarck, occurs in myriads in shoaly parts of dark muddy ponds, and appears in large patches, of a blood-red colour, disappearing on the least disturbance of the water. This worm is smaller than a fine thread, and shoals of them fix themselves on the mud, and protrude their bodies into the water, keeping up an incessant waving motion, withdrawing into the mud on the least alarm. They are more difficult to detect than the young leech; but by taking some of the mud where they are found, and washing it repeatedly in clear water, they may be detected.

On trying the young leeches with these worms, I perfectly succeeded in my object. They greedily devoured them, seizing them at one end, and gradually absorbing them till they were gorged with the spoil. By this means they became strong and active; and last winter, by keeping some of them in a small pan, with sufficient clay from the leech-pond to enable them to bury themselves in it during the cold weather, I have succeeded in carrying them through the winter, and have now in my possession some leeches upwards of a year old, healthy and vigorous.

The young leeches when well fed, increase rapidly in size, and gradually assume a dark colour; the leeches of the second year are nearly the colour of the adult leech, and are, when at rest, about three quarters of an inch in length, whereas adult leeches are often found six or seven inches long. The leech is said not to obtain its full size and maturity under five years.

I find it stated in a popular work, that the medicinal leech does not seem to take any solid aliment, but subsists on the fluids of fish, frogs, &c. This is certainly incorrect, as I have already shewn; and I found, that on placing some young leeches of another species with the common tadpole, the tadpole ate the leeches.

It appears to me, that with proper care and attention, it would not be difficult to preserve the young leeches in their first coming from the cocoons, in pans prepared for the purpose, and to furnish them with the required supply of food, till the cold weather came on, when they bury themselves in the clay; and that they

are vigorous and strong enough in their second year to be turned into the ponds, where they would probably shift for themselves.

The leech is a very prolific animal, and it is probable that some thousands might be reared every year, in the pond, in Norwich, if the plan I have suggested were properly attended to.

The leech, in its young and tender state, becomes the prey of many other animals, and especially of other species of leeches; and it would therefore be essential that the young should be carefully preserved and kept separate for the first year.

Many other points relating to the natural history of this animal remain to be determined, and to these I invite the attention of naturalists. No one has, I believe, hitherto detected the medicinal leech in coin, nor seen their mode of depositing the cocoons; nor is it known whether, in their adult state, they prey on other, and what, animals, nor how long they are able to remain without food; nor is the duration of their existence known. They are subject to various diseases well known to the dealers, are much affected by the weather, and frequently die off by thousands, in spite of the best precautions taken to keep them in health.

The annulose animals do not present a very inviting field of observation; but in the family of which we are now treating there are many species, of beautiful form, and singular habits, especially those of the *Clepsina*, a small genus of straw-coloured leeches, which prey on the flat fresh-water snail, *Helix planata* of Linnaeus, and which are furnished with a long retractile proboscis, enabling them to pursue and reach the snail, in the inmost recesses of its convolute shell,—a form, adding one more to the innumerable instances continually presenting themselves to the observers of nature of marked design, and the beautiful adaptation of means to the end proposed, all proclaiming the Architect whose works are perfect, while His ways are past our finding out.

ON DILATATION OF THE HEART, CONSEQUENT UPON TEETOTALISM.

By RICHARD CHAMBERS, M.D., Physician to the Essex and Colchester Hospital.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Norwich, August 19th, 1846.)

CASE I.

A gentleman, aged 50, of good constitution, and accustomed to live freely, became a convert to teetotalism. For a period of six months subsequently, there was no perceptible alteration in his state of health; but about this time he became subject to attacks of nervousness, and paroxysms resembling angina, which gradually increased in frequency and intensity up to the time that I visited him.

I saw him on the 16th of August, 1844, in consultation with his ordinary attendant. In addition to the above particulars I ascertained, that repeatedly in the course of the night and day, he was subject to attacks of breathlessness, that compelled him to rush to an open window to relieve the sense of impending suffocation. In the intervals he was quite

cheerful. He complained of pain in the back of the head; pulse 84; bowels regular; urine copious. On examination of the thorax, (which was extremely well formed,) I found the lungs perfectly sound; the action of the heart was regular, and its sounds unusually clear, but there was scarcely any impulse. He had been bled the day before, (principally at his own request,) but with no relief.

As he had latterly been using a restricted diet, I placed him upon meat daily, with four glasses of good old port, and prescribed five grains of the carbonate of ammonia every four hours, and three grains of the sulphate of quinine thrice a day.

Under this line of treatment he began gradually to amend. At a subsequent period the sulphate of zinc was prescribed for him, and with the alternate use of zinc and quinine, and an increased allowance of wine, his health has been sufficiently restored to enable him to participate in the manly and trying game of cricket.

CASE II.

Henry Taylor, aged 30, a working gardener, applied at the Essex and Colchester Hospital, June 4th, 1846, complaining of headache and general weakness. He was of middle stature, and of a full habit, presenting a slightly bloated appearance. His appetite was good; pulse 78; bowels regular. On stethoscopic examination, the lungs were found to be perfectly healthy; the heart's action was regular, the sounds clear and healthy, but there was only a very slight impulse. He slept indifferently. For the last six months has been a teetotaler, but denies that he was a drunkard previously.

R. Pil. Saponis; Rhei; utrque, gr. iiss. M. Fiat pilula omni nocte sumenda.

R. Ammon. Carb., gr. v.; Tinct. Camph. Comp., dr. ss.; Aquæ, oz. j. M. Sumat ter indies.

15th. His wife applied for medicine for him to-day, and I found that my suspicions as to his intemperate habits were correct.

R. Pil. Saponis, gr. v.; omni nocte. Rept. hanst. To have a little gin-and-water after dinner.

This treatment was continued up to the last fortnight, and being free from complaint he discontinued his attendance.

I bring these cases before the Association as examples of dilatation of the heart, consequent upon the adoption of teetotalism. The *modus operandi* appears to me to be the yielding of the muscular structure of the heart, in consequence of the less stimulating character of the blood; but, in addition to this, it must not be overlooked, that another element may also be in operation,—I mean an actual increase in the quantity of blood to be circulated, as I have invariably found that a great increase of appetite accompanies teetotalism; not a healthy appetite, but a morbid craving for food, and to oppose which opium is frequently resorted to.

The cases present the principles of the treatment to be adopted, and there is but one caution necessary, and that is to draw a careful distinction between actual determination of blood to, and merely congestion of blood in, the brain. In the cases just related the headache was referred to the back of the head, and appears to have arisen from venous congestion, but on the stethoscopic induction I wish to place the chief reliance.

CASE OF ELEPHANTIASIS OF THE SCROTUM.

By W. WARD, Esq., F.R.C.S., Huntingdon.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, August 19th, 1846.)

John Keeling, aged 81, of Buckden, Huntingdonshire, was a fine, robust, hearty old man, to within a few months of his death, and had, during his long life, enjoyed a state of general good health; he had led an active and somewhat laborious life, during the first part of which his occupation was that of a woolstapler, and the latter that of a farmer. His father and mother lived to beyond the age of 60, and two of his sisters are now respectively of the ages of 82 and 84; he had been the father of a large family; neither his father nor mother, nor any member of his family, had, that he was aware of, been ever subject to tumours of any kind, nor to any permanent eruption of the skin. About thirteen years ago he was first sensible of a small increase in the size of the scrotum; he was unable to give any circumstantial account of the facts attending its formation, further than that about that time he met with an accident, by falling through the trap door of a warehouse, which caused some injury to his back for a time, but did not occasion any injury to the penis or scrotum; he had never had stricture nor venereal disease of any kind. At the commencement of the disease there was some degree of itching or irritation about the scrotum occasionally, but the tumour increased so imperceptibly, and gave him so little inconvenience, that it was not till five years subsequently that it attracted much of his attention; it then began to increase in a much greater degree than it had hitherto done; and at the expiration of nine years from its commencement, had arrived at a size which he estimated was about half that to which it had attained, in 1843. It then rapidly increased in size, and in September, 1843, was of the following measurement:—

Circumference of neck of the tumour	23½ inches.
Greatest circumference at the base	40 "
From anterior pubic portion, across the front to the base, and thence posteriorly to the neck, (anterior to posterior,)	28 "

The weight was then estimated at not less than forty pounds, and it presented the following appearances:—

It was pyramidal in shape, the apex at the pubis, diverging laterally to a broad rounded base below. In its front aspect it was irregular, and tuberculated, its colour varying from a reddish hue where it had been kept clean, to a brown and almost black colour in other parts; here and there were fissures of some depth, and smaller septa, dividing the skin in roundish nodules, varying in size from a pea or bean to a marble; in the centre of some of the larger ones was a hair; there was no ulceration nor exudation from any part of the tumour, nor had the urine ever caused any excoriation. The penis was completely buried in the mass, the urethra making its exit at about the upper and anterior third of the tumour, where the enlarged prepuce was to be seen. The posterior aspect of the tumour was perfectly smooth, probably from pressure, having a shining dark red appearance. The mass was in general

soft, and its sensibility but little diminished, the patient being aware of the slightest touch; he was also, up to a late period, aware of the presence of the testicles at the upper and posterior part of the tumour. Its weight was its principal inconvenience; there was little or no pain, except when the "burden," as he called it, was inconveniently placed or dragged upon the body.

In March, 1843, the tumour had increased to the following dimensions:—

Greatest circumference	-	-	51 inches.
(40 in September, 1843.)			
Anterior to posterior	-	-	32 inches.
(28 in September, 1843.)			

It had, therefore, in eighteen months, increased eleven inches in its greatest circumference, and was computed to weigh between fifty and sixty pounds. In the spring of the present year, (1846,) his health began to decline, and a gradual emaciation followed, and this was attended by so great a wasting of the tumour, that after death it was found to measure only thirty-eight inches in its greatest circumference.

Over the skin, but especially of the hands and arms, were scattered patches of ichthyosis.

There was no *post-mortem* examination of the body, but the tumour was removed at the pubis. The tumour when cut into was found to be principally composed of a fatty oelogenous substance, with portions, where the cellular tissue assumed a more condensed form, like udder; an oily fluid flowed in great abundance from the incisions made, and rapidly diminished the size of the tumour. Upon dissecting along the spermatic cord, the testicle was found embedded in the tumour, at its upper third enclosed in the tunica vaginalis; the testicle was wasted, but about the size usually seen in old men, and, together with the tunica vaginalis, was quite normal in appearance.

This tumour is, I believe, one of the most remarkable instances, if not the only one, of that tuberculated condition of skin, with hypertrophy and infiltration of the cellular tissue, called elephantiasis of the scrotum, that has occurred, or at all events, that is recorded as having occurred, in this country. There appears to be two conditions under which the scrotum may proceed to attain to this enormous size. The one is under similar circumstances to that which is here recorded, where the disease commences spontaneously, or where there is no very obvious cause to explain its origin; no fever attended with rigors, or much derangement of the general health; where the principal inconvenience is from its weight, and where there is a tuberculated condition of the tumour, and some scaly eruption of the skin, and where the disease commences externally, as Larrey observes, by a "sarcomatous tubercle, that soon changes the vital properties of the surrounding skin and cellular tissue;"—and the other which arises from some obvious cause, as where the attack has commenced with intermittent fever, the rigors which are described as very severe, probably indicating the deposit of lymph or sometimes of pus, and where each successive accession of fever causes a fresh deposit, until a large size is attained to; or, in other cases, where rupture of the urethra, and extravasation of urine has taken place, (as in Mr. or Dr. Brett's case, published in the *Lancet* of July 11, 1846;) or where there are hydroceles of enormous size, sometimes complicated with hernia, chronic abscess, diseased

testicle, and so forth, and which more or less tend to impair the health and shorten life, and whose origin is within, from internal causes.

Under the first category may be classed Larrey's Egyptian cases, the present one, Hoo Loo, and probably Mr. Liston's case. Under the second, those cases mentioned by John Bell, and the older surgeons, where abscesses, hydroceles, diseased testicles, &c., are spoken of; and also those cases of Mr. Brett published in the *Lancet* of the 28th of February, 1846, and the more recent case of the 11th of July. The disease, as described by Dr. Titley, in the West Indies, and Mr. Brett in the East, appeared to be accompanied in its origin with acute fever, but less so in the scrotal cases than where the leg is affected, so that after a time the tumour increases, independently of the febrile attacks. (*Vide Medico-Chirurgical Review*, February, 1830.) Mr. Brett has, however, argued in his account of the last case, in which he operated successfully, and which had its origin from rupture of the urethra, with extravasation of urine, that the pathological condition of all these cases is the same. This, I think, is carrying generalization too far, for the peculiar condition of the skin seen in some cases, gives a distinctive character to the disease, if our pathology is to be based on anatomical structure; for although some of the other conditions may be the same under which these growths occur, and the same size or greater may be attained to, by the accumulation of deposits in the cellular tissue from whatever cause arising, yet, if the commencement, progress, and termination of, and method and success in operative procedure in, such cases be different, it is evident that on physiological, pathological, and surgical grounds, distinction ought to be made.

The following are the weights that some of these tumours have arrived at:—

M. De la Croix, operated on by De Lonnes	30 lbs.
Chopart, case of a negro on the coast of Guinea	40 lbs.
Larrey, in Egypt, from - - -	50 lbs. to 100 lbs.
Dr. Titley, in a native of St. Christopher, operated on unsuccessfully by Mr. Wilkes,	165 lbs.
Mr. Liston's case - - - - -	50 lbs.
Mr. Brett's seven cases in India, weighed in the aggregate - - - - -	240 lbs.
Mr. Brett's last case, - - - - -	9½ lbs.

NEWCASTLE-ON-TYNE INFIRMARY: PRACTICE OF SIR JOHN FIFE.

(Reported by Mr. A. TAYLOR.)

STRANGULATED SCROTAL HERNIA.

James Gilbert, aged 48, a sailor, of the nervous-sanguine temperament, tall, thin, and always healthy, was admitted, July 23rd, at three p.m., with a strangulated scrotal hernia of the left side. He had had the hernia from being seven years old, and has worn a truss for a long time. He had been drinking some beer five days ago, and the morning following was seized with vomiting, pain of stomach, with hiccup, and the super-vention of all the symptoms of ileus; his truss was a very weak one, and he had worn it upon the unreduced

hernia until two days ago, when, on attempting to return the hernia, he found it impossible.

An injection was given, which brought away a few knots of hardened fæces.

Sir John Fife came, and by the taxis reduced its bulk about one third, but a large tumour remained behind, which it was impossible to return, he therefore at once began the operation, as follows:—

By successive incisions the sac was soon exposed, and proved extraordinarily dense; it was opened in its whole extent on the finger by a bistoury. At the lower end of the sack was a coagulum, the size of a pigeon's egg, in which the rudiments of organization were demonstrable; it adhered firmly both to the intestine and to the sac, which was carefully separated by the finger. On the intestine was a vesication, an inch in length, surrounded by dark inflammation. The stricture was at the neck of the sack, within the internal ring, and although freely divided by the bistoury, the intestine could not be returned until Sir John Fife separated with his finger and a bistoury some adhesions within the abdomen. The wound was closed by the interrupted suture, in the course of which an expedient was resorted to for the purpose of preventing the future protrusion of the intestine; the sides of the sac were included in the suture, with the lips of the external wound, which was then covered with a simple dressing.

24th. No more hiccup nor vomiting; belly much swelled yet, and has passed much wind, but no stool; scrotum much swelled; urine free; slept well. An injection.

In the evening, easy; free passage of natural stool; belly somewhat less tumid; hiccup returned severe. Calomel and opium every night; effervescing draughts with tincture of opium.

25th. Doing well; slept well; feverish; hiccup severe; no vomiting; bowels moved once during the night.

26th. Erysipelatous inflammation and sloughing of the wound; belly still very tumid, though not painful; hiccup sometimes worse; bowels not free since yesterday morning; very easy; sleeps well. Wound dressed with unguentum terebinthinæ.

27th. Has been purged; his belly flat and easy; less thirst and no pain; scrotum less swelled; pulse quiet, weak; hiccup still very severe. Continue the calomel, with Dover's powder; broth, sago, &c.

28th. Sac exposed by sloughing, but the surface now exhibits healthy action, and disposition to cicatrization; belly pretty natural; no hiccup; no appetite; free passage; stitches removed. Continue the powders; cataplasm; beef tea, and chops.

31st. Doing well; rather weak, but no other complaint; sac sloughing out very favourably, with no inflammation.

August 8th. Sac quite gone; ulcer healthy, and quite recovered in himself.

15th. Ulcer healing rapidly; granulations high. Nitrate of silver applied, and wound drawn together by straps of adhesive plaster.

21st. Wound healed, and is going to sea in a day or two.

Sir John Fife afterwards remarked to the pupils that this case was peculiarly instructive for the following reasons:—It proved, first, the importance of operating

without delay, though the hernia was lessened, and some feculent matter had passed; secondly, that the intestine might retain its vitality, though gangrene threatened; and thirdly, that means might be resorted to for the purpose of preventing future protrusion.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 9, 1846.

The trial for illegal practice, at the instance of the Society of Apothecaries, reported in our last number, is an important one, as shewing that power still exists in one at least of the Medical Corporations to protect the rights of its members from infringement, and the public from the consequences of the administration of drugs by unqualified persons. Whether the Society has been happy in the selection of this individual case for prosecution, for either purpose, is another question. No evidence was adduced on this point, and all we know on the subject is from the statements of the counsel on either side. According to his own counsel it would appear that the defendant is a gentleman highly competent to practice, that he had served a regular apprenticeship (as an apothecary we presume,) in Bristol, and that he had been actually practising (with or without a diploma, does not appear,) as a physician in America. On the other hand the counsel for the prosecution was not instructed to say a word against the defendant's competency; he might or might not be qualified; the counsel knew nothing on the subject.

So far therefore the trial is without moral effect, involving a question of mere corporate privileges rather than any public or professional principle. Still it is of value, as evidencing the existence of a power which requires only to be exercised in the right direction to produce a large amount of benefit to the profession, and what is of more importance, to obviate a far greater amount of evil, of which the incautious and the ill-informed portions of the community are the daily victims.

The extensive practice as apothecaries carried on by the lower-class tradesmen among the chemists and druggists throughout the country, is attended with most calamitous effects on the public health. Among the adult population, the working portion of it especially, there is, from this cause, much waste of money, loss of valuable time, and impaired efficiency, together with frequent chance-medley, as we presume it must be termed, since the judges refuse to convict of manslaughter in such cases, while the sacrifice of infant life by the indiscriminate administration of calomel, opium, antimony, and other powerful drugs, by this class

practitioners, to say nothing of the irremediable injury inflicted on the constitution of a still larger number who escape, is fearful to contemplate.

Here then, is a direction in which the powers possessed by the Apothecaries' Company might be most beneficially exercised. A very few convictions obtained here, would operate as a decided check upon a fatal, a most extensive, and an increasing evil; and certainly the service rendered to the corporation itself, would far outweigh any which can be obtained from the prosecution of the few competent individuals scattered throughout the country, who may be practising as apothecaries without possessing the license of the Company. The recent Plymouth case for instance, is one which might well have been taken up; and though, as it appears, the loss of life ensuing from the administration of improper remedies, and from the extreme of ignorance, in a party undertaking the treatment of disease with no medical qualification whatsoever, is not in the eye of the law a criminal offence, the acting as an apothecary by such a party must surely subject him to the penalties arising out of the infringement of the Apothecaries' Act.

QUEEN'S COLLEGE, BIRMINGHAM.

The annual meeting of the Governors of this Institution was held in the Council Room of the establishment, on Wednesday, August 26th, G. M. Muntz, Esq., M.P., in the chair.

The following are extracts from the Report of the Council:—

"It is with unfeigned satisfaction, that the Council of Queen's College present to the honorary governors, the governors, the friends, and the public on this their twentieth anniversary, the report of their proceedings, and the progress of the Institution during the past year.

"Among the considerations tending to advance the welfare of the College which have pressed themselves on your council, there is none which has occupied more of their attention than the extension of its usefulness, by offering the means of preparatory education, more especially to the sons of those engaged in the clerical and medical professions. On no subject has there been evinced such entire concurrence of opinion as upon the necessity of laying the foundation of medical education at an early age, upon the principles of revealed truth, and the elements of classical literature, and mathematical science; neither has this unanimity prevailed only in the private sentiments of individuals. It has been attested publicly by gentlemen of the greatest eminence in every branch of the profession, before committees of the House of Commons, and it has formed the subject-matter of special requisition by bodies corporate and collegiate, and by the army and navy medical boards, as a necessary condition upon which students should be permitted to undergo their professional examination, and obtain the certificates, honours, and privileges which are granted to proficiency. But though a most salutary revolution has

been brought about in public opinion in respect of the necessity of early instruction, in religion and literature, as a preparation for professional studies, there has been the greatest diversity of judgment upon the means and methods by which a large and liberal course of early teaching shall be combined, in an orderly manner, with the different stages of medical and surgical instruction.

"Your council after long and careful deliberation on the subject have laid down a plan of preparatory or preliminary education in accordance with those acknowledged principles of instruction which have been adopted in our best and largest collegiate establishments."

The address of the council, issued in June last, announcing the establishment of a junior department in the college for improving the preliminary education of students in medicine and surgery, together with the provisions adopted for the welfare of the students of this class is here inserted.

The report then goes on to announce the appointment of various officers, the chaplains, tutors, &c.; the erection of halls of study, lecture rooms, laboratory, and other contemplated arrangements; together with a munificent donation of £1000 from the Rev. Dr. Warneford, for the endowment of a resident medical tutor, and proceeds—

"The next important subject to which your council have to direct your attention is an especial mark of Royal favour. Your council have thankfully and gratefully received her Majesty's warrant, under the sign-manual to issue certificates for the degrees of bachelor of arts, master of arts, bachelor of laws, or doctor of laws, to be conferred by the University of London, in addition to the privilege of qualifying for the degrees of bachelor of medicine and doctor of medicine, previously granted, thus placing your College, in every respect, on the same footing with King's College, London, and University College. Your council have the gratification to announce that the fever-wards, capable of containing seventy-five beds, in connection with your Clinical Hospital, are now completed. From the number of patients registered on its books, and especially from the liberal support given by the Staffordshire iron-masters, the Queen's Hospital has become not only of pre-eminent advantage to the public, but presents a very extended field of practical observation and instruction to the students of the College.

* * * * *

"During the past year the Rev. and Worshipful James Thomas Law, your esteemed Vice-Principal, has made some valuable presents to the museums, and to improve the taste of your students, has ornamented the walls with some splendid paintings.

"Your munificent Vice-Principal has provided for the use of the students books, in number upwards of six hundred volumes, which include some of the best editions of the classics, works on divinity and general literature.

"The council is precluded by an absolute prohibition from dwelling specifically upon these and many other acts of private munificence, as well as invaluable counsel and aid in a variety of matters, derived from the same source during the past year. But it would be an obvious abandonment of a duty especially intrusted

to its care, if the council in framing this report were not to place on record the inestimable benefits the College has derived from the personal presence of the Vice-Principal during his residence within the walls in the honorary performance of the duties of Warden for the last four months; and as it would be difficult to set a limit to the reasonable expectations of public benefit from giving at the first a right direction to the collegiate system in medical education, so it would be plainly impossible to set too high a value upon the results which have already been effected in every department of the College by the personal supervision of the Vice-Principal. The effect of his immediate presence has, in no respect, been more marked than in the extent by which it has raised the tone, and given elevation to the thoughts and pursuits of the students within the brief period of a single session, while in the general regularity and practical working of the Institution the felicitous influence of the precepts that "teach by example" has been very prominently marked. These benefits, utterly beyond the present powers of the College to have obtained otherwise, and necessarily involving, as they have done, a large personal sacrifice of time, as well as private expenditure, have been conferred spontaneously, and in a manner that has doubled their value, and rendered their grateful and deferential acknowledgment in this report a paramount duty."

After announcing the distribution of the prizes and the names of those gentlemen who have distinguished themselves as students, together with those who have obtained diplomas and licenses from the Royal College of Surgeons and the Society of Apothecaries, the report concludes with a well-merited testimony to the exertions and services of the founder of the College and Hospital attached to it, Mr. W. Sands Cox.

PRIZES, &c.

Anatomy—(First Medal)—Mr. Charles William Izod, Fladbury, Worcestershire.

Materia Medica—(First Medal)—Mr. Samuel Hughes, Dudley.

Chemistry—(First Medal)—Mr. Horatio T. Whittell, Birmingham. Second Medal—Mr. Richard Thomasou, Birmingham.

Practice of Physic—(First Medal)—Mr. Alexander H. Paterson, Stourbridge.

Surgery—(First Medal)—Mr. Peter Hinckes Bird, London.

Midwifery—(First Medal)—Mr. George Bellairs Masten, Stafford.

Botany—(First Medal)—Mr. Samuel Hughes, Dudley.

Forensic Medicine—(First Medal)—Mr. Alexander H. Paterson, Stourbridge.

Demonstrator's Prize—Mr. C. W. Izod and Mr. Edward Nason, Nuneaton. *Æquales*. Honorary Certificate—Mr. George Hodges, Ludlow.

Professor Dr. Birt Davies's prize for the best clinical reports of medical cases treated at the clinical hospital, in his practice, has been awarded to Mr. James H. T. Vaughan Hughes. The Jephson prize of 20 guineas has also been awarded to the same gentleman, after a severe examination in all the branches of medicine and surgery.

In addition to these prizes, rewards offered by the Vice-Principal have been bestowed upon Mr. J. H. T. V. Hughes; Mr. G. B. Masten; Mr. Edward B

Machin, Derby; Mr. John William Leacroft, Derby; Mr. Oglethorpe Barratt; Mr. A. G. H. Buckby, and Mr. J. Rogerson, Wigan.

The following students, entirely educated at the College, have during the past year obtained their diplomas at the Royal College of Surgeons:—Mr. Shirley Palmer, Birmingham; Mr. Edward Palmer, Birmingham; Mr. C. E. Joseph, Tipton; Mr. G. C. Sharman, Birmingham; Mr. E. M. Tearne, Stockton; Mr. John Hooper, Moreton-in-Marsh; Mr. Edmund W. Day, Worcester; Mr. H. Sillifant, London; Mr. S. Chavasse, Lichfield; Mr. M. H. Clayton, Stratford; Mr. G. Hawkesford, Birmingham; Mr. G. Pasquin, Handsworth; Mr. Edward Nason, Nuneaton; Mr. Charles W. Izod, Fladbury; Mr. John Snelling, Luton. The following students have received the license of the Apothecaries' Company:—Mr. Edward Turner, Tamworth; Mr. G. J. Langsford, Birmingham; Mr. Richard Wright Davies, Coleshill.

ITINERANT PRACTICE OF THE NINETEENTH CENTURY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I enclose you a letter which was recently put into my hands by Mr. Bree, of Stowmarket, as having been sent to him by an individual who assumes a name, which is either identical with mine, or at least so similar, as to be easily mistaken for it. The letter is certainly an extraordinary production, and I doubt not, a faithful transcript of the writer's mind. His ignorance and impudence are about equal, and they are well set off by a spice of low malignity. He boasts of having robbed the profession of from one to six gold sovereigns a day, and again speaks of his profits as averaging twenty-one guineas a week, and winds up the account of his achievements, by triumphantly exclaiming, "Who would be a poor Doctor?" Who, indeed, if getting sovereigns—no matter how—were the sole end of the profession. If an ignorant charlatan like this, without the slightest medical qualification, and ignorant of the ordinary rules of English grammar, shall dare to tamper with the lives of his fellow-creatures, and reap a golden harvest withal, "Who would be a poor Doctor?" If driving a pair of good greys into an inn, and sending out circulars from that inn, shall bring in 558 guineas a year, and get besides, the laudation of the public press, "Who would be a poor Doctor?" Long live the days mentioned in Mr. Cross's address, when a doctor might erect his stage in a town, "with music and his servants, and sell his drugs, provided only, he do not block up the pump," (a wise salvo in favour of the then hydropathists) If such mountebanks are permitted to traffic wholesale in public health, who, indeed, would be a poor Doctor. Really one feels so disgusted with the gullibility of the public in such matters, that were it not for duty's sake, one would scarcely be inclined to notice such impostors, but a sense of responsibility compels the conscientious medical man to expose quackery in all its forms, and therefore I trouble you with the inclosed

letter, so that the writer's true character may be known, in hopes of preventing this mountebank from filling his pockets in other towns, as he has done in the city of Norwich.

I am, Sir,

Your obedient servant,

JAMES MACKNESS, M.D.

Hastings, September 1, 1846.

"Suffolk Hotel

Ipswich

Saturday Evening

"— Bree Esqr.

Surgeon &c.

"Sir

"Although so long visiting Stowmarket yet never having had the honor of meeting you Professionally or otherwise—and not only knowing you were the Regular Family Medical Attendant on Mrs. K—but also that you were aware, under your sanction (for which I was very much obliged) Mrs. K—had called upon my Opinion relative to her Breast—had I say I examined the Case and from First to Last however anxious Poor Mrs. K—might have been was against all other Medical Treatment, other than operation—as also that although Calling upon Mrs. K. (which any man of feeling would do—were it only merely (after seeing the case) to enquire after her health; I alone, in my late Calls—Called only with this view—still inferring you would visit Mrs. K.—as usual—Another thing I knowing the Family place great confidence in you quite felt for Mrs. K. when told yesterday "Mr. Bree never Calls to see me,"—I could evidently see you had been kind and knowing I could not do any thing in the Case other than that I had, on the First occasion pointed out—I felt for the Poor thing—from Mrs. R— and all upon whom you were attendant, "Mr. Bree was the only boasted of gentlemanly" Surgeon in Stowmarket—I had heard Mr. Redfield also well spoken of—so that if you are a gentleman in Professional Life—In Mrs. K—'s and every other Case—I infer you are in principle—namely Mr. Bree as possessing *that pride of mind, condemnatory to Partiality*. In conclusion (with a few remarks on How I happened to visit Stowmarket, and be in the non: Professional step of Practice I am—) I have to leave Poor Mrs. K. in yr hands

"The fact is I happened to have been Sodiering for 13 years and 3 months in India. Returned some Three years ago from the Service with a few Thousands of the Favors of Fortune in my Pocket—(not from Surgeons Pay but Matrimony and Civil Govt appointments) reaching England I remain in Town until tired Resolving at Last to 'Tour a Little—reaching Lynn I remained 5 months at the Dukes Head. From occasionally giving Free advice to every One—gained the Complimentary attentions of the Public Papers—at last became Crowded—then began to Charge Fees—this being in point Blank fact the beginning of my Present Form of Practice—Now I put the question to you would or would I not have been a great Fool to turn away from One to 6 Gold Sovereigns a day?—even in yr Place, I have averaged 21 Guineas a week—I wish I had had the pleasure of only having been acquainted with you—not from any honor or

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I. **T**HAT this Society shall be called "THE RAY SOCIETY;" and that its object shall be the promotion of Natural History, by the printing of original works in Zoology and Botany, of new editions of works of established merit, of rare tracts and MSS., and of translations and reprints of foreign works which are generally inaccessible from the language in which they are written, or from the manner in which they have been published.

N.B.—It will be a direction to the Council that they shall not print anything that appears to them suitable to the transactions of established societies, nor any work which a respectable publisher shall undertake to publish without charge to the author.

II. Every subscriber of one guinea annually to be considered a Member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no Member shall incur any liability beyond the annual subscription.

III. That the annual subscriptions shall be paid in advance, and considered to be due on the 2nd day of February in each year; and that such Members as do not signify their intention to withdraw from the Society before the 2nd day of June, shall be considered to continue Members, and be liable for the year's subscription.

IV. The management of the Society shall be vested in a Council of Twenty-one Members, of whom one-third shall have their stated residences in London, and all of whom shall be eligible for re-election at the annual meeting.

V. That the Council hereafter shall be elected by the Members, at a meeting to be held at the time and place of the meeting of the British Association for the Advancement of Science, and that no Member whose subscription is in arrear be allowed to vote at any meetings.

VI. That the Council shall elect two Secretaries (one of whom shall be resident in London), and a Treasurer, who shall *ex officio* be Members of the Council.

VII. The annual subscription shall be deposited in a chartered bank, in the name of the Treasurer and two Members of the Council.

VIII. The accounts of the receipt and expenditure of the Society shall be examined annually by two Auditors appointed by the Council; the Auditors to be Members of the Society, who are not Members of Council, and their statement circulated among the subscribers.

IX. That the number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual Subscribers who shall have been enrolled, and paid their subscriptions, on or before the 2nd day of June.

X. That the Editors of works published by the Society be entitled to a number of copies, not exceeding twenty, as may be decided by the Council.

ADVERTISEMENTS.

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Botany—Mr. Henfrey, F.L.S.

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Midwifery, &c.—Dr. Chowne - - - 2 to 3

Anatomy and Physiology—T. W. Jones, F.R.S. 3 to 4

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Surgery—Mr. Hancock - - - - 5—6

SUMMER SESSION, 1847.—MAY 1st to end of JULY.

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- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAIRLL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSBIE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

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ROBERT J. N. STREETEN, M.D.

1846.
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WEDNESDAY, SEPTEMBER 16, 1846.

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Midwifery—Mr. Heath.
General Principles and Inorganic Chemistry—Mr. Davies.
Organic Chemistry—Mr. John Leigh.
Pathology—Mr. Stephens.

SUMMER SESSION.

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Physiology and General Anatomy—Mr. Grainger.
Descriptive and Surgical Anatomy—Mr. F. Le Gros Clark.
Anatomical Demonstrations—Mr. G. Rainey.
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Midwifery and the Diseases of Women and Children—Dr. Cape and Dr. Waller.
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Diseases and Operations of the Teeth—Mr. E. Saunders.
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THE SUMMER SESSION will commence in MAY.

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"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

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London: Published by J. CHURCHILL, Princes Street, Soho.

Worcester: DEIGHTON, High Street.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS READ AT THE FIFTH ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY, JULY 8th, 1846.

By F. A. BULLEY, Esq., F.R.C.S., Surgeon to the
Royal Berkshire Hospital.

(Continued from page 428.)

At the fifth meeting—Mr. May had some morbid specimens to present, taken from the body of a person aged 70, who had died within an hour after his visit. On examination after death, a calculus was found in the bladder, which was not suspected to be present during life, to be accounted for by the condition of the prostate gland, which he would presently describe. The calculus was of an uncommon kind, having a nucleus of lithic acid, then a coating of blood, next a stratum of the triple phosphate, and then another coating of blood, finally covered with a layer of the triple phosphate. The prostate was found to be much enlarged, the middle lobe projecting considerably into the bladder, which had prevented the stone being touched by the catheter. The right kidney was partially destroyed, and had a large serous cyst attached to its upper surface, capable of containing one pint and a half of fluid. The left kidney was also much diseased. The lungs were most intensely congested, which was probably the cause of death by syncope. He thought the congestion might be the result of atmospheric vicissitude.

Dr. Bradshaw was then called upon to read his paper on the uses of cod-liver oil in the treatment of chronic rheumatism. This paper tended to show the value of the remedy as a therapeutic agent over most others in arthritic affections, and from its successful employment by that gentleman and others, it certainly did appear to be a valuable addition to the list of remedies established by usage for such complaints. It is thought that its efficacy depends on the quantity of carbon it conveys into the blood; indeed its mode of action seems to depend on the stimulus thus conveyed, rather than upon any specific action upon particular organs. From the cases related by Dr. Bradshaw, and which have been published at large in the *Provincial Journal*, it is certain that the remedy is well deserving the notice of the profession, especially as its claims to notoriety have been well set forth, and established by several leading members of the profession. The accompanying observations of Dr. Bradshaw on the use of oleaginous condiments also deserve particular attention.

Mr. Jeston said that he had used the oil in a few
No. 37 September, 16, 1846.

cases. He had not, however, used the oil as manufactured, but had prepared it by cutting the liver of the cod-fish in slices, and then hanging it up in an oven. He then collected the oil in a cup, by which means it was obtained pure and palatable, and a cod's liver would yield half its weight of oil. He had not used it very extensively, so that he was not prepared to say much either for or against its employment.

At the sixth meeting—There being no morbid preparations to present, the evening was occupied almost exclusively in a conversation on some practical points in midwifery, arising out of a question put by Mr. May to Mr. Bulley, sen., whether he or any other gentlemen present experienced in midwifery, had particularly noticed the separation and throwing off of the placenta in cases of placental presentation before the birth of the child, and what were the consequences that ensued as regarded hæmorrhage.

Mr. Workman replied that a friend of his was called to a case where the placenta remained in the vagina, and the hæmorrhage ceased. He did not know what was the fate of the child.

Mr. May also enquired whether the greater quantity of blood lost was from the surface of the uterus or from the maternal portion of the placenta, or from both.

Mr. Bulley, sen., said he thought it came from both.

Dr. Bradshaw coincided with Mr. Bulley.

Mr. May said that the abettors of the argument, Messrs. Simpson and Radford, agree in thinking that the hæmorrhage comes from the placenta, as on the separation of it the hæmorrhage usually ceases, and hence it may be considered judicious to withdraw the placenta where you cannot from circumstances turn. Dr. Lee and others contend that it comes from the uterine surface and not from the placenta. The fact seems to be proved, however, that in the great majority of cases where the placenta has been separated, the hæmorrhage stops.

Mr. Walford stated, that on the 25th of October, he was called to a Mrs. Eatwell; he found a breech presentation; a very small child was born, the pains continued and a second child was born in the same manner. A third followed with a breech presentation also; the placenta came away soon after, it was united in one with a line of demarcation between each portion. All the children are living.

Dr. Bradshaw mentioned a case of triplets which he had attended, two of the children died, but one, the most feeble of the three, survived. He said that according to his experience it was usual for patients,

after bearing twins and triplets, to have miscarriages, and that quick conceptions followed, with frequently a general breaking up of the constitution.

At the seventh meeting—Mr. Harrington presented a specimen of congenital deformity of the radius of a child born dead, and made some interesting observations on these cases. In the present instance each hand was bent up towards the elbow on each side, the radius being defective. There was also a supernumerary toe on each foot.

Mr. Vines related the case of a person who had lately died while labouring under a profuse salivation, induced by the injudicious use of mercury, administered by a quack. On examination after death he observed such appearances as led him to believe that such had been the case, especially in the gums, which were swollen and ulcerated; the tongue was also swollen, and covered with a brown sordes. The larynx and trachea were covered with a thick false membrane, and there was a thick fluid in the bronchi. There was, likewise, distinct evidence of inflammation having existed in the kidney. It appeared to be the object of the narrator to ascertain the opinion of the Society as to whether the man had really come by his death by the abuse of the remedy, or by natural causes; and, after a great deal of interesting conversation, in which each of the members joined, it appeared to be the general opinion, that although mercury was not utterly inadmissible in renal inflammation, the patient died through the use of mercury administered without due caution.

The notes of the examination in full, taken in short-hand by your reporter, having been read, Mr. May proposed a vote of thanks to Mr. Vines for his courage in bringing the case before the public, which was cordially responded to by the members.

At the eighth meeting—Mr. Waldron related an interesting case, which had lately come under his observation, of a malignant tumour in the mediastinum, with the *post-mortem* appearances; and, as it appeared to be one of a very instinctive character, your reporter has thought it his duty to give the full details to the Society.

Sarah Bushell, aged 40, a married woman, applied to Mr. Waldron, in June, 1845, on account of an occasional pain which she had suffered on the left side of the chest, increased by inspiration, extending to the shoulder and arm of the same side, with slight cough. There was dyspnoea; want of sleep; pulse 100; tongue clean; digestion good. Her symptoms increasing, she became a patient in the hospital towards the latter part of September, under Dr. Cowan. After being there, however, about a fortnight, she was discharged as incurable. He (Mr. Waldron) could never arrive at any accurate diagnosis of her case—indeed, he could never satisfy himself as to the cause of the symptoms. He noticed that she received slight relief from counter-irritation and opiates. He some time afterwards received a note from Dr. Cowan, containing his diagnosis and views of this obscure case; and the *post-mortem* examination would prove how correct was the opinion that he had formed. He then read Dr. Cowan's note, which stated that the disease was a malignant tumour of the posterior mediastinum, pushing forwards and upwards the left lung.

After she left the hospital, and about the 24th of October of the same year, she continued to complain of pain between the shoulders, extending to the head, and down the arm to the fingers of the left hand, more particularly at night. Pulse still about 100; no fever; digestive organs healthy. She complained of a fulness of the throat, and difficulty of swallowing, especially fluids. She suffered from dyspnoea, which was increased on her making the slightest exertion. She was able to lie only on the left side. On her being subjected to percussive examination, the right side of the chest was found to give a clear sound over every part of it; a dull sound on the left side, under the clavicle. The respiration was puerile over the whole of the right side, except just at the root of the lung, where it was bronchial.

December 3rd. Symptoms much aggravated; constant feeling of impending suffocation; oedema and congestion of the face and neck, with a livid appearance of the lips; percussion dull over the whole of the left side, and the respiratory murmur nearly absent, except just at the root of the lung.

December 10th. There is a swelling situated over the right side of the thyroid gland. She has not been able to lie down for ten days, but has required to be supported day and night, leaning forward. Countenance turgid; the jugular and superficial veins greatly distended. She has the greatest difficulty in swallowing anything. From this time she gradually sank, and died apparently from asthenia.

Post-mortem examination five hours after death. The body was not much emaciated; the left cavity of the pleura contained about three pints of dark-coloured serum. Occupying the natural situation of the left lung was a solid tumour, with an irregular and nodulated surface, weighing nearly four pounds. It was generally adherent to the walls of the thorax by dense bands of organized coagulable lymph. It extended across the anterior mediastinum obliquely towards the right shoulder, to occupy the upper region of the right thorax. It was connected above with the cervical glands, and great vessels of the neck, and posteriorly occupied the space of the posterior mediastinum, apparently growing upon the spine, and was connected with it and the rudiments of the left lung. A section of the tumour being made, a whitish matter oozed out. It presented the same appearance throughout. The right lung was apparently healthy, as well as the heart, which seemed to have been pressed down a little lower than its natural situation, and rather to the right side, by the increasing bulk of the tumour. There was evidence of the same kind of disease having commenced in the head of the pancreas.

Dr. Cowan referred to the notes of the case which he had made while the patient was in the hospital, and explained the physical signs on which he had founded his diagnosis. It had occurred to him to see four cases of tumours within the chest, two of which were verified by inspection under his own eye, the other two by parties who were not aware of the diagnosis, yet afterwards verified it accurately. He then explained at length the differential diagnosis, shewing that the disease could be neither pleurisy, pneumonia, nor tubercle. The only sources of those signs might have been derived from the existence of a thoracic aneurism; that it was not aneurism, however, was evident, from

the absence of any sign of a disturbance of the flow of blood through the chest, or those derangements of the general circulation attendant on such cases.

Dr. Woodhouse then read the second part of an elaborate and ably written paper on the Medical Topography of Reading, the former part having been read before the members of the Southern Branch of the Provincial Association last summer.

At the ninth meeting—Mr. W. Tiley exhibited a living specimen of congenital malformation in a female child, seven weeks old, apparently resulting from a disease of the pelvis. The femora were dislocated from the acetabula, with atrophy of the lower limbs; the situation of the heads of the bones upon the pelvic bones was not easily made out. The only cases at all parallel to this are those related by Dupuytren, of which twenty-four out of twenty-six were females. The child was born with a breech presentation, and the deformity prevented the feet, which were in contact with the mouth, being brought down. Some strength has lately been gained in the limbs, and a greater approach towards the perpendicular is observable. The mother is healthy, and has had three children, all healthy. There is incontinence of the *fæces*, but the bladder performs its functions properly. The upper part of the body is well formed; cough or other excitement brings on congestion of the face, which soon, however, disappears. Mr. Tiley supposed the deformity of the lower limbs to proceed from an arrest of development which took place about the seventh month of intra-uterine growth, at which time there was a threatening of labour.

Dr. Bradshaw then read his promised paper on the effects of opium, in which he brought forward arguments on both sides, from a variety of authors, to shew that opium, on many occasions, acted as a stimulant, as well as a narcotic. The paper also contained some observations on the effects of narcotics in general. This paper was full of practical interest, placing as it did, by the test of repeated experiments, the subject in the clearest light, and putting it beyond a reasonable doubt that the effects of narcotics on the human system are, through the medium of its nerves, in contra-distinction to the many hypotheses advanced on other premises. It cannot be denied that an enquiry of this sort must be attended with advantage, involving as it does, so much of the care of every practitioner in medicine during his daily occupations, and when, at the same time, we reflect upon the evils arising from the careless or ignorant administration of the narcotics in common use. In substantiating his argument, Dr. Bradshaw observed, that in the physiology of all subjects, that hypothesis is best which explains satisfactorily to the unbiassed and philosophical judgment the more numerous proportion of symptoms, and which is founded upon the greatest number of facts and experiments; and in no wise has he disappointed us, for not only have the investigations of the learned for many by-gone years been handled with philosophic deduction, but every possible means have been employed to bring their opinions into a focus of practical value.

The force of the argument goes to prove that the primary operation of opium, and other narcotics, is through their stimulating quality, as indicated by the

pungency of their smell, their heat of taste, the power they possess of inducing pain, heat, and inflammation, when applied to the eye, and to excoriated and excited parts, the power they seem to possess in accelerating the motion of the heart and arteries, and of calling into new action, under a state of comparative collapse, the natural heat of the body. Moreover, the preternatural excitement of the venereal appetite, the temporary vigour of the constitution which they induce, the hilarity and intoxication resulting from their use, are convincing manifestations of a predominating stimulating quality; and it is from an investigation of these facts, that the practitioner will be put in possession of incalculable advantages in the treatment of those diseases coming immediately under the operation of this class of therapeutics.

An interesting discussion ensued, in which Mr. Jeston and Dr. Cowan took part, the latter gentleman thinking it was impossible to arrive at anything like a definite conclusion as to the mode of action of opium, and the other narcotics, as so much must depend upon idiosyncrasy, and much on the method of administration.

(To be continued.)

A REPORT ON LITHOTOMY, IN WHICH THE LATERAL OPERATION OF CHESLDEN IS ADVOCATED, AS WELL ADAPTED TO PROVINCIAL PRACTICE.

By CHARLES MAYO, Esq., Senior Surgeon to the County Hospital, Winchester.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, Thursday, August 20th, 1846.)

In the spring of 1842 I drew up a report of some cases of lithotomy which had occurred at our County Hospital during the period in which I had been attached to it. My object at that time was to show that the number of cases of calculus had by no means increased in proportion to the extent of population, or to the general number of patients admitted into the Hospital, in which the beds had been increased from 60 to 120 during the same period, (about 35 years,) reckoning to the present time. The average number of cases has been about one and a half per annum, of which forty-eight have been operated on in the Hospital, and three or four in private houses. I wished also to record the success which had attended my share of the above operations, amounting to about seventeen, of all ages, from 4 to 70.

Previous to my first operation, in August, 1812, I took considerable pains to investigate the best mode of using the common scalpel; for although I had come from St. Bartholomew's, where the gorget was patronized by Blicke, Earle, and Abernethy, and had seen that instrument successfully used here, I could not make up my mind to the thrust required for passing it through the prostate into the bladder. I at length decided upon adopting what had been described as Cheselden's last and most successful mode of operating; and thus, in a stout fisherman of 42, I made a large and deep external incision, and then having cut into the side of the prostate gland, as far back as I could reach, I brought the knife out along the groove of the

staff into the membranous part of the urethra, the staff being held by an assistant, with its handle inclining a little to the right. In this manner I extracted with the forceps a large stone and six smaller ones, and the man speedily recovered. Having succeeded so well in this case, I have persevered in this mode of operating; the rarity of cases (averaging only one in two years,) not justifying my making any marked variation, and my success encouraging me to persevere. I had always at hand a short cutting probe-pointed bistoury, with which I dilated the wound in the prostate, if, on the introduction of my finger, I found it was not large enough to admit the forceps easily.

My nephew, Mr. Druitt, in his second edition of the "Surgeon's Vade Mecum," has quoted a description of this operation, from the 11th volume of the "Medico-Chirurgical Transactions," wherein is recorded a successful case, in which I removed a stone weighing fourteen ounces and a half. I have just observed a note on this subject, in page 488, of his third edition, which runs thus:—"There has been very much dispute about this operation of Cheselden's, principally because of a bungling description given of it by Dr. Douglass, and aggravated by an attempt of Dr. Yellowly to explain it; but whoever will consult 'Cheselden's Anatomy,' 6th edition, Lond., 1741, p. 330, will see that it agrees strictly with that performed by Mr. C. Mayo, and described by him in 'Medico-Chirurgical Transactions,' vol. xj."

In the fourth edition of Cheselden, 1730, (which I have,) he says, after making a long and deep incision, "I then feel for the staff and cut upon it the length of the prostate gland strait on to the bladder." Samuel Sharp, in his fourth edition of "Operations in Surgery," 1743, says of Cheselden's most perfect operation:—"The wound must be carried deep between the muscles till the prostate can be felt, when, searching for the staff, and fixing it properly, if it has slipped, you must turn the edge of the knife upwards, and cut the whole length of that gland, from within outwards, at the same time pushing down the rectum with a finger or two of the left hand." John Bell, also, in speaking of this operation with approbation, says:—"The large and deep external incision having been made, and the surgeon having reached the back part of the prostate gland, plunges his knife through it, and settling it in the groove of the staff, draws it firmly towards him, and then, the free discharge of the urine assuring him that the gland and cervix vesicæ were divided, he lays aside his knife, passes the left forefinger into the bladder, withdraws the staff, and introduces the forceps." Sir Charles Bell prefers dividing the gland from before backwards. "Principles of Surgery," p. 266. 1826.

Of all the authorities since the days of Cheselden, that of the surgeons to the Norfolk and Norwich Hospital seems to be entitled to most respect; and we find Mr. Martineau, in the 11th volume of the "Medico-Chirurgical Transactions," p. 405, very candidly acknowledging his want of success with the gorget, and recording his great prosperity with Cheselden's knife; and yet, with certain variations from the views and directions of the authors whom I have quoted, as for instance, instead of enlarging the wound in the prostate in the direction of the external wound, "he turns

the edge of his knife towards the ischium, and makes a lateral enlargement in withdrawing it." He also makes a great point of passing a blunt gorget before he introduces his finger, prefers large forceps, and enlarges the wound upon the lower blade, if there should be any difficulty; and, rather than lacerate, often repeats this enlargement of the inner wound two or three times. He aims also at healing the wound by the first intention, unless where any coagulum may be suspected to obstruct the flow of urine, which should at once be removed by passing the finger into the bladder. But his putting lint and a pledget of tow over the wound to exclude air, would seem to encourage the deposit of coagulum and consequent obstruction. Dr. Willis has of late (I hear,) undertaken to be the patron of Cheselden, but what shall be said of such patronage, when he says that "the perfection of the operation is to make as small a nick as possible into the anterior edge of the prostate, and tear the rest." Mr. Liston and others have of late spoken of the great danger of cutting beyond the verge of the prostate, which does not appear to have occurred to our ancestors to observe, who had no apprehensions of urinary infiltration when the external wound was ample and direct.

In September, 1841, two cases of stone were brought into our theatre on the same day, an event unprecedented since the foundation of the Hospital, in 1736. I operated in one, aged 52, and my colleague, Mr. Wickham, on the other, aged 71, and both did well. A third case came under me about six weeks after, aged 75; this patient had undergone the operation five years previously, with the gorget, and although the stone was now larger, and the wound proportionately more extensive, he was discharged cured nearly a fortnight earlier than after the first operation. A fourth case occurred this year, in an old man nearly 80, who was brought into the Hospital with severe fracture near the hip, of which he died.

Of the seventeen cases spoken of above, as operated upon by me, I lost two, one, an old man nearly 70, where the bladder and prostate were found studded with small calculi, and the lungs diseased; the other, a delicate lad, of 10, from whom I removed a stone of more than two ounces, at a private house, died the fourth day after operation, when the kidneys, ureters, and bladder, were found to be in a highly diseased and thickened state; so that in neither of these two cases was the operation to be blamed, but the condition of the patients who were the subjects of it.

My object in making this communication, which I fear may have already tired the patience of my hearers, has been simply to make a report of what has happened in our district, not with the vain idea of instructing the members of the Association in this district, by which I might justly incur the imputation, in the popular adage, of attempting to teach our grandmother. But having in this report advocated a mode of operating, which has appeared to me well suited to the choice of a surgeon, where the rarity of a case of lithotomy renders it impossible for him to acquire that confident dexterity which may render any particular mode or instrument a matter of indifference to him, I have been anxious (in the absence of any similar communication,) to elicit information and instruction from the surgeons of the Norfolk and Norwich Hospital, to have their assent or dissent from the views of the

authors above quoted, and to hear explanations of apparent inconsistencies in the writings of Dr. Yellowly, Mr. Martineau, and others, connected with the justly celebrated notoriety of this district, on the subject of lithotomy.

About three or four cases of calculus in the female happened in the same period, in which we have generally been successful with Weiss's dilator. I shall now relate the case of a female, in which a singular malformation existed prior to the calculus.

CASE.

CALCULUS, WITH DISEASED KIDNEYS AND MALFORMATION OF PELVIS.

March 12, 1845. S. E.—, aged 29, was admitted into the Hospital under the care of the physician, for what was supposed to be gravel, accompanied with offensive discharge from the vagina; she was in a state of great debility, and appeared to be much worn with pain and protracted irritation.

15th. I was desired to sound her on suspicion of stone, which was very readily discovered by the instrument striking against what appeared to be a very large one, within a line or two of the orifice of the urethra. A small quantity of foetid urine escaped by the side of the sound, and it appeared that the magnitude of the stone caused an incontinence, which produced the offensive smell, and made her fellow-servants complain.

There seemed to be something so unnatural about the formation of the parts concerned, on my examination under the clothes, that I was induced to turn them back; when I discovered that the symphysis pubis was separated to the extent of seven inches, forming two prominent points, like additional spines of the ilia, having a ligamentous band of half an inch broad, stretched between them. An oblong pouch presented itself just above this band, in the centre of the hypogastrium, looking like a shrivelled scrofulous abscess, with a scab on its surface, where it had apparently been fretted with the clothes; but this protrusion, upon further investigation, appeared to be the result of the divergence of the recti muscles, whose tendons were inserted into the separated angles of the symphysis, and thus left the anterior part of the abdomen without any other protection than the skin, fascia, and the peritoneum, which lined the pouch.

16th. The labia pudendi were separated and spread out to a corresponding extent, the intervening space being closed by the consolidation of the nymphæ and hymen, so as to leave an opening at the upper part only large enough to pass the little finger, and the orifice of the urethra was just within it; there was no vestige of the clitoris. I ordered her mild opiates, hip baths, poppy fomentations, &c., with wine, arrow-root, and strong broths, but all in vain; the pulse sank, the stomach retained nothing, and she died at night. A consultation had been ordered for next day, which was converted into a *post-mortem* examination.

This revealed extensive disease in both kidneys, which were covered and studded with large vesicles; a small calculus was in the right kidney, and I took from the fundus of the thickened bladder a rough stone, weighing four ounces and two drachms.

We took a cast of the malformation of the symphysis pubis and soft parts above and below, from the anterior superior spines of the ilia to six inches down the thighs, showing their unusual separation, &c. I

learnt from her mother that the deformity was congenital, that she walked at two years old, went out to service at sixteen, and had been cook in her last place for five years.

Afterwards removed the pelvis, which, with the cast and drawings of both, I purpose to exhibit to the meeting.

I have made enquiries for similar examples of malformation, and searched the Hunterian Museum in vain, but Mr. McWhinnie, demonstrator at St. Bartholomew's, has informed me that he saw an example in a male pelvis, in the Museum, at Berlin, a sketch of which I enclose. There is some analogy also in the lusus to the condition of the hedgehog and the female guinea pig, towards the end of pregnancy.

[The drawings and casts, together with the pelvis, were severally exhibited at the meeting.]

Winchester, Aug. 13, 1846.

TWO CASES OF INGUINAL HERNIA.

By OWEN ROBERTS, M.D., Edin., M.R.C.S.E.,
St. Asaph.

CASE I.

STRANGULATED INGUINAL HERNIA: REDUCTION.

Robert Jones, aged 40, residing three miles from St. Asaph, seaman, of athletic appearance, had laboured under an oblique inguinal hernia for many years, and had been wearing a truss for some years. The truss having failed to keep the bowel up, it became irreducible. On the 23rd of May, 1843, I was requested to visit him, when I was informed that he had been suffering under symptoms of strangulation, viz., vomiting of everything swallowed, hiccup, and constipation, for *sixty hours*, and that two other medical men had been attending him, and had failed in reducing the hernia, though they had thrown up some infusion of tobacco.

At this time, which was between three and four in the afternoon, I found the abdomen very painful; the hernial tumour, which was about the size of a man's fist, was exquisitely so, and extremely tender to the touch. Pulse about 100, wiry, and rather strong; the bowels had not been moved for several days. Twenty ounces of blood were taken from the arm, which brought on a slight faintness, but so fearful was he of my giving him pain, that he would not allow me to touch the tumour. I then gave him two grains of opium and a scruple of calomel, and returned home for my assistant, and the long tube with the enema syringe, some tobacco, and the instruments for operating, if necessary. I also took my friend Mr. Moses, surgeon, of St. Asaph, with me.

It was now late in the evening. We first threw up some turpentine injections, alternately with soap and water and aloes, through the tube into the colon, with the effect of relieving the bowel of a good deal of flatus; we then infused a drachm of tobacco in a pint of water, for ten minutes, and injected half of it up into the rectum, and the other half in about twenty minutes. Great prostration of strength followed, the patient begging us not to do anything more to him, for he was sure that he was dying. At this time we tried the taxis, and in about fifteen or twenty minutes had the satisfaction of seeing our efforts crowned with success, by the reduction of the hernia and relief to our patient.

He returned to his work in a few days, but in about a year afterwards, died from a strangulated hernia, while in the Chester river, where he was on board his ship.

The impression on our minds was, that the reduction in this case would have been quite out of the question, but for the aid of the long tube and the tobacco enemata. I should add, that "all hands" were *gently*, but *uninterruptedly* applied to the tumour, during the application of the taxis.

CASE II.

OBSCURE INGUINAL HERNIA, PROVING FATAL.

Ellen Davies, aged 51, living three miles from St. Asaph, of a weak constitution, of late suffered much from indigestion; whilst in a corn field gleaning, on the 8th of August, was suddenly seized with pains across the abdomen, and walked home, a distance of a mile and a half. About two p.m., she sent for a neighbouring practitioner, who administered some medicines.

On Sunday, the 9th, at nine p.m., I saw her. From the description of symptoms given by the messenger, I learnt that she had had some abdominal prolapse, which induced me to go fully prepared for operating in case of necessity, accompanied by my assistant. On questioning the patient, I learnt that the only prolapse which she had ever suffered from was that of the uterus, which I felt to be within an inch of the os externum. Not feeling satisfied that the symptoms could have arisen from that, I carefully examined the crural rings on both sides, where I could find no fulness nor pain at all. She had eaten a very hearty supper on Friday night, the 7th inst., of beef and potatoes. The symptoms present were constant vomiting; colic pains at intervals of ten minutes or a quarter of an hour; pulse 104, full; abdomen rather full, not very painful on pressure; no twisting pain nor dragging sensation in the abdomen; the patient slept during the intervals of pain. A person experienced in midwifery sitting in an adjoining room, would have imagined from her cries, and the intervals of ease, that it was a case of labour. The matter vomited was much greater in quantity than what had been swallowed, and had no stercoraceous smell. I was told that her bowels had been moved slightly, and that she had parted with flatus.

A sinapium was applied to the epigastrium. Ten grains of calomel and one grain of opium, with half a drop of croton oil, were administered immediately. An enema, consisting of sulphate of magnesia and decoction of aloes, was thrown into the colon by means of the long tube.

This was repeated again and again, with the addition of some spirits of turpentine, alternating with strong solutions of soap, between the hours of nine and half-past eleven p.m., with the effect of bringing down flatus, small portions of hardened fæces, and also patches of the skin of the potatoes, together with pieces of the same not digested. During all this time, viz., from nine to half-past eleven, the vomiting had ceased, the pain had subsided, and the patient expressed relief.

From this time until two a.m., she slept. On awaking, the vomiting returned with increased violence. The bowels were again moved slightly.

Between eleven and twelve a.m., on Monday, I saw her again. Since my last visit she had taken a second

dose of calomel and opium, also small doses of sulphate of magnesia, with infusion of senna, along with half-drop doses of croton oil in pills. The injections through the long tube were repeated twice, with the effect of allowing the escape of some flatus. Pulse at the same rate, but softer and weaker; countenance very anxious; abdomen much in the same state, not as painful as on the previous evening; no tympanites existed.

About twelve o'clock I left her, to return at two p.m., when I was informed by those present, that soon after my last visit her bowels had been thoroughly moved twice, the smell being very feculent. On examining the cloths on which the evacuations had been received, I found pieces of potatoe and patches of potatoe skin. Finding the sickness to continue, I again examined the crural rings on both sides. At this time I felt on the right side a lump, about the size of an unshelled almond, on the inside of the femoral vein, which I considered from its *solid* feel, to be an enlarged gland. This lump I could not return by the taxis, nor did it impart any impulse when the patient coughed. Not having been able to feel anything of the kind on the previous night, I was a little astonished, though Mr. Syme, in his "Principles," p. 434, says, "that the glands may become suddenly enlarged, and painfully so, in which case sickness, vomiting, and constipation, may be induced, not unfrequently by the irritation," in consequence of the straining from a violent effort. Knowing that enlarged glands sometimes disguise small hernial tumours, I made up my mind to cut down and satisfy myself on this point, if the vomiting did not soon cease. The absence of hiccup, the entire freedom from pain in the inguinal region, from the beginning as well as at this time, also the manner in which the bowels had been relieved, threw a doubt upon the existence of such a complication; still I considered that an operation would be justifiable in case the vomiting did not soon stop.

About eight p.m. I again visited my patient, accompanied with Mr. Moses and my assistant, when we found her much worse. Countenance more anxious; pulse very weak, intermitting, and scarcely perceptible; no hiccup nor pain in the abdomen or groin; abdomen flatter. One feculent evacuation was passed during our stay. We exhibited ammonia, opium, and brandy. The question now to be decided was, whether, under the existing collapse, we should be justified in cutting down upon the small and indistinct tumour situated in the usual locality of femoral hernia. After the most mature deliberation we resolved not to use the knife, fearing she would sink under the operation. She expired in five hours from this time.

Post-mortem twelve hours after death. We obtained permission to make a partial examination of the body, accordingly we cut down upon the supposed enlarged gland, extending our incision above Poupart's ligament. We found the tumour to consist of a small knuckle of the ilium, of a deep chocolate colour. The stricture was formed by the neck of the sac, considerably thickened, and not by Gimbernat's ligament.

Observations.—On reflecting on the above case, the following are points that appear to me worthy of the observation of the practical surgeon:—

1st. The non-existence of any tumour or pain in

the inguinal region, by the most careful examination at nine p.m., of the 9th.

2nd. The *total cessation* of the vomiting, and relief as expressed by the patient for five hours, following the use of the remedies first made use of.

3rd. The thorough manner in which the bowels had been relieved.

4th. The character of the tumour felt between two and three p.m., on the 10th, being so like that of an inguinal gland, not receiving the slightest impulse from the coughing of the patient, that if we had not seen it at the *post-mortem*, we could not have believed it to have been part of the bowel, though we were partly prepared to find some omentum in *the ring*.

5th. The absence of hiccup at the last; also of any pain in the inguinal region, as well as of twisting or dragging sensation in the abdomen.

The question is, how far the abdominal pains, vomiting, &c., were due to the presence of the intestine in *the ring*, from the beginning. Had it not been for the thickened state of the neck of the sac, forming the stricture, I should be inclined to suppose that the bowel had not even entered *the ring*, previous to the commencement of the sickness; the latter might have been caused by the quantity of indigested food in the bowels. Not being allowed to examine the abdominal cavity generally, it is impossible to say what was the state of things there. Supposing there was nothing but the extension of the inflammation from the strangulated bowel, I cannot help thinking, that had the hernial tumour been discovered on the morning of the 10th, the life of the patient might have been saved by an operation.

CASE OF COMPOUND DISLOCATION OF THE ANKLE: REDUCTION AND RAPID RECOVERY.

By EDWARD COPEMAN, Esq., Surgeon, Coltishall.

When we are enabled to adduce instances, not of triumphs of art effected by mutilation, but of recoveries from severe injuries accomplished by the wonderfully restorative powers of nature, the task is an agreeable one; and also instructive, for the purpose of shewing us how duly to appreciate the value of the art we practise as surgeons, and how not to abuse it, to the loss of limb or life of the unfortunate objects of our care. The following case exemplifies, better than any that has come under my own observation, the repair of a severe injury, without other assistance from art than that of placing the injured parts in a favourable position, and afterwards of guarding against counter-acting or disturbing causes.

A young man, aged 21 years, not of remarkably steady habits, a shoemaker by trade, was assisting in the hay-field, on Saturday, June 20th, 1846, and met with the following accident:—On driving a load of hay through a gateway, his foot became entangled against the post, and the waggon wheel coming in contact with the outside of the foot, forced it inwards, so as to dislocate the joint, the gate-post being the point of resistance. I found the foot very much turned inwards, the inner malleolus fractured off, and, with the astragalus, resting against the inner side of the tibia, some way above its extremity. The external malleolus was crushed by the wheel, and the lower

ends of the tibia and fibula, minus the two malleoli, projected through a wound in the integuments, to the extent of more than an inch, at the outer side. There was a free oozing of blood, but no large vessel opened. The cartilage covering the lower end of the tibia was visible, being exposed outside the wound, and the wound in the integuments was more than two inches long. With the assistance of my partner, I made several attempts to reduce the dislocation, but failed. In order to give the man every chance, I requested a consultation with Mr. Crosse before proceeding to any other means of relief.

Several hours elapsed before Mr. Crosse could reach the house; on his arrival, he advised another trial at reduction, and then, if not successful, the removal of the projecting portion of the bones. However, in our next attempt, we fortunately succeeded in restoring the bones to their natural position; the wound was then closed with two sutures, and covered simply with a piece of lint. A splint was applied along the inside of the leg and foot, secured by a few separate pieces of bandage, and the limb placed on a box in the same position as when reduced—viz., the thigh almost at right angles with the body, and the leg at right angles with the thigh, resting on the calf and heel. Cold water to the leg, and an opiate.

24th. Up to this time scarcely any local or general disturbance; bowels acting; no fever; no medicine; limb in very good position, and not painful; kept cool with water, and occasionally fanned; wound favourably situated, being, after reduction, somewhat above the level of the joint.

27th. Removed the sutures; health quite good; limb easy and not inflamed.

July 2nd. No illness, pain, nor swelling; no suppuration. All going on marvellously well.

24th. Just in the same quiet state; wound healed.

In six weeks from the accident, the splint was removed, and he got down stairs; and to-day, August 17th, I found him walking in his garden, able to bear considerable weight upon the limb, and possessing a good deal of power to move the joint, so much that I believe in a short time he will suffer no inconvenience whatever from the accident. There is neither swelling nor deformity of the ankle, and the man has really not suffered an hour's illness since his dislocation was reduced.

Sir Astley Cooper has drawn particular attention to the probability of recovery from compound dislocations of the ankle, without amputation; but he remarks that, "under the most favourable circumstances, three months elapse before the patient can walk with crutches; in many instances a greater length of time is required." The same surgeon states that, "the dislocation of the tibia, at the outer ankle, produces much more injury and danger than that at the inner, and amputation will be more frequently required for it, because both the bones and soft parts suffer more than in the dislocation inwards."

The case I have quoted is an example of a very rapid, uninterrupted, and perfect cure of the kind of dislocation which is thus said to produce the greater amount of injury and danger, and is well calculated to corroborate the now prevailing opinion, that amputation is not necessary in a majority of compound dislocations of the ankle-joint.

CASE OF INVERSIO UTERI.

The following case of Spontaneous [?] Inversion of the Uterus is reported in the *Dublin Medical Press*, by Dr. Thomas R. Mitchell, Master of the South Eastern Lying-in Hospital, Dublin, and is introduced here as connected with the elaborate Essay on Inversio Uteri, published in the "Transactions" of the Provincial Medical and Surgical Association, by Mr. Crosse :—

I was called in great haste to Mrs. S., whom I found in charge of a medical practitioner, who stated that she had been delivered by him of her second child after a labour of eight hours' duration; the child was born naturally, and the placenta expelled in half an hour after its birth; that as he was about leaving the house she complained of acute pain in the back and groins, with a sensation of fulness about the vagina, and as if something had given way in her abdomen. This was followed by hæmorrhage so great in quantity as to excite serious alarm: to this succeeded a number of fainting fits, from which it was difficult to arouse her. On my arrival two hours after delivery, I found that she had just recovered from one of these fits. The bed was saturated with blood; the patient was breathing hurriedly, with occasional gasping and deep sighs; the pulse was small and thready, 125 in a minute, and the heart's action greatly flurried; the prostration of strength and collapse were so complete as to lead me to suppose that rupture of the uterus had taken place. Large quantities of hot punch had been given before my arrival without any effect. On applying the hand to the hypogastrium, the uterus could not be felt, which induced me to make a vaginal examination, when I at once discovered that the uterus was inverted in the third degree. The tumour was very sensitive to the touch, and she complained much when it was pressed. Forty minims of laudanum were given, and having oiled my right hand, I proceeded to reduce the tumour, which, with some little trouble, I succeeded in doing, by pressure at first upwards and backwards, and then upwards and forwards, in the axes of the pelvis, when I found it went up suddenly, and on following it into the uterus, I had the gratification to find that the uterus contracted firmly upon my hand. There was no bleeding of any consequence afterwards, and by continuing the use of the stimulants, she gradually revived. This lady continued in a very delicate state for some time, but eventually recovered perfectly.

I should state that the gentleman in attendance positively assured me that undue force had not been applied to the cord.

This case, I think, a very instructive one, well calculated to show the necessity for a vaginal examination, if the slightest doubt exists. It is a fortunate circumstance that this formidable disease occurs so seldom, this being the first case I have ever had, although there have been upwards of fifteen hundred women delivered since I became master of the hospital, and on referring to the registry, I cannot find an account of one out of nearly two thousand delivered prior to that period.

Inversion of the uterus has generally been attributed to mechanical causes, and I am persuaded without sufficient reason. The shortness of the funis, and the

forcible dragging at it for the purpose of extracting the placenta—a practice but too common with ignorant practitioners, both male and female—have been stated as a cause. How often have I been called to cases where the force employed has been so great as to separate the cord from the placenta, and not the slightest ill consequences have resulted. Again, how often will it happen that the child shall be expelled so quickly and violently as to tear the cord across, even when the patient has been in the erect position, and yet nothing occur. At the same time I would not wish it to be supposed that I am justifying a practice which cannot be too much condemned.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 15, 1846.

The opposition which the registration bill is understood to have received from the heads of the three Medical Corporations of this division of the kingdom, and which is stated to be the cause of the postponement of the measure until the succeeding session of Parliament, notwithstanding the demonstrations made in favour of the bill, is calculated to give rise to reflection. One point is manifest, that if the profession, as a body, are to gain anything by this or any other measure which may be proposed for a reform of its institutions, no time should be lost in endeavouring to obtain some means of access to the government.

It is unfortunate that the situation of these nominal heads of the several branches of the profession is such, as at all times to gain for them a ready access to, and must it also be said, willing attention from those in power. Hence the minister of the day, whoever he may be, necessarily ignorant of medical affairs, and looking to the heads of the corporations as the apparent representatives of their members, is, to use a coarse but expressive term, ever liable to be ear-wigged by a multitude of false statements, and misled into fallacious views, while the members of the profession at large are unable to procure even a hearing.

We would not be supposed to accuse the Presidents of either of the Colleges of Physicians or Surgeons, or the Master of the Apothecaries' Company, of making wilful mis-statements; but every man is liable to be led away by his prejudices, and to see objects, and take up with opinions, not as they really exist, but through the medium of his own conception of them. We know nothing of what is around us, but from the impression made through our own senses, upon our own minds, and if the one have a twist, or the other be imperfect, the impression cannot be otherwise than distorted. Hence it is that false facts are to the full as prevalent as false theories, and those who receive either the one

or the other without due inquiry, are only adding to the imperfection of their own knowledge by adopting the delusions of others.

But an effort should be made to correct these misstatements,—to remove the fallacies arising out of the prejudices and distorted impressions of the three gentlemen alluded to, and conveyed, or attempted to be conveyed, by them to others, as truths worthy of being received. The question then arises, how, and by what means, is this to be accomplished. Petitions to Parliament are, for the most part, notoriously slurred over in the midst of noise and confusion, and, unless in some particular instance, gain just as much attention from the members present, as so much waste material; very generally too, being transferred from lying on the table of the House, to lie under the table, and thence to be devoted to any purposes to which the parchment on which they are engrossed is convertible. Memorials to those in office, may possibly, sometimes, if not too long, receive a little more attention, but they are frequently seen only by some underling official, or at most by the private secretary of the great man, and the attention paid them is often confined to a mere acknowledgement of their having been received.

The only other alternative then by which information can be conveyed, so as to correct false impressions, is through a personal interview. There is much reason to believe that had the late Home Secretary had the courtesy to receive the deputation appointed by the Provincial Association at Leeds, three years ago, he would have avoided many of the errors which he afterwards committed on the question of Medical Reform; and in particular the first false step into which he was betrayed—the real cause of all the difficulties in which the measure has subsequently been placed—would, we are persuaded, never have been taken. We are inclined to hope better things from the present Home Secretary. He is manifestly aware of the importance of questions relating to the public health, and can scarcely therefore fail to recognize the value of securing efficient medical assistance in all cases, and consequently of placing the medical institutions of the country on a secure and fitting basis. He has, moreover, evinced a disposition to listen to the wishes of the profession in this very question of registration, and stands pledged to take it up in the next session of parliament. Evil counsellors, however, have access to him, and it is of the utmost importance to be on the alert to counteract their influence, and to possess him with genuine information as to the real wants of the profession. It appears to us, therefore, that immediate application should be made to Sir George Grey, to receive a deputation from the Provincial Association to follow up the petition from the

Annual Meeting sent to him for presentation, and to urge upon him the adoption of those general principles, in the most liberal sense, heretofore advocated by the Association, as the ground-work of future proceedings, both in the contemplated registration, and in all other questions connected with our medical polity.

A Medical Topography of Tunbridge Wells, illustrating the Beneficial Influence of its Mineral Waters, Climate, Soil, &c., in restoring and preserving Health, &c. By ROBERT HUTCHINSON POWELL, M.D., M.R.C.S.E., &c. pp. 174.

This interesting sketch of the Medical Topography of Tunbridge Wells is very much what such a work ought to be, giving a sufficiently full account of the situation, geological characters of the soil, meteorological peculiarities, and other local particulars, which it is desirable for the medical practitioner at a distance to know, before recommending a patient to undertake a journey for the purpose of going through a course of the mineral waters.

Tunbridge Wells has long been advantageously known as a chalybeate spa, and many testimonies to the beneficial effects of the waters are to be found scattered through the writings of the earlier medical authors. An instance of their good effects in the treatment of dropsy will be found in a curious letter from Dr. Goodall to Sir Thomas Millington, in the *Anecdota Bodleiana*, lately published in this Journal, and we may take this occasion to observe, that there are several forms of dropsy in which this and other chalybeates might be resorted to with advantage more frequently than modern practice would perhaps lead us to suppose.

After a description of the spring, its origin, physical properties, and chemical analysis, together with its medicinal qualities, Dr. Powell proceeds to enumerate the affections in which the water is found to prove curative or otherwise serviceable. These are chiefly diseases of debility, and those connected with an anæmic state of the system—as chlorosis, some affections of the uterine system, certain forms of dyspepsia, particularly atonic and strumous dyspepsia, various nervous disorders, diseases of the heart accompanied with debility, and atonic gout.

These subjects are necessarily very briefly touched upon, although the author's observations are for the most part extremely judicious. We should be glad to learn the result of his experience on the use of the chalybeate in diseased conditions of the heart, the notice of which is confined to a passing allusion. The paper read by Dr. Chambers, at the Anniversary Meeting, on the effects of a debilitating regimen in the production of dilatation of the heart, and the observations subsequently made by Dr. Hastings, on the effects

of a tonic treatment in organic disease of the heart, consequent upon rheumatism, render any information on this point especially interesting. There are several points of connection between the affections of the heart and some forms of nervous disorders, known to be benefitted by the use of steel, which are deserving of investigation, and further experience will probably give to this agent a higher standard, as a means of affording relief in cardiac diseases, than it at present occupies.

It is well to mention that the spa is not recommended, as is sometimes the practice in similar publications, as a panacea for every ill which flesh is heir to, but along with a clear indication of those forms of disease in which the water is likely to be beneficial, due caution is given against its employment in cases where it is not called for, or would be productive of injurious consequences.

ANNIVERSARY ARRANGEMENTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you permit me, through your pages, to offer a few remarks upon the management of our annual meetings, and to suggest the means by which those gentlemen who come from a distance might have greater opportunities of enjoyment.

The professed objects of these meetings are for the advancement of medical science, and to produce a bond of union in the profession by bringing into immediate personal intercourse, those who are settled at a distance from each other. These objects are, to a certain extent, attained by the meeting, the public breakfast, and *conversazione*, and the dinner. But might not more be done?

It is well known that no medical man, in tolerable practice, can leave home even for the short period which is occupied by the meetings without considerable sacrifice, and if he resides at some distance from the place of meeting, at some little cost. The time which a medical man can spend from his own home is very limited, and at long intervals between; hence, when he does obtain a little relaxation, no wonder that he should wish to make the most of it. Under such circumstances, has it not a chilling effect upon his spirits, should he arrive at his hotel the night previous to the meeting, to find himself alone, in a strange place, without any arrangement being made for him to see his medical brethren before the hour at which the first meeting takes place? He takes his solitary breakfast in his own room or in the coffee room; he attends the first meeting, and at its close he is informed that another will take place, in the evening. In the mean time he returns to his inn, orders his mutton chop, and eats it alone, unless he should be so fortunate as to have an invitation from some medical man in the town where the meeting takes place.

I have, myself, travelled nearly five hundred miles, going and returning, to each of the last two meetings, and I should have been in exactly the predicament I have described had not a friend from my own part of

of the country, mentioned at almost the last moment to one of the resident medical men that I was going to eat my solitary meal, when I very kindly received an invitation, and each time met a most agreeable party. Yet, still the question remains,—should a gentleman, coming from a long distance, be so circumstanced? For my own part, so chilling was the effect upon my mind, that I determined never to attend another annual meeting unless some different arrangement was made; or the meeting took place in a town where I had personal friends, and was sure of an invitation from them. To obviate the difficulty I would simply propose, that each of the hotels which is named in the advertisement of the meeting, as suitable for the abode of the members of the profession during their stay, should have a breakfast set out in a private room, to which each of the medical inmates should be invited. Also that the same plan should be adopted with regard to dinner on the first day; or, what would be better in reference to this latter meal, a plain dinner should be provided at one of the principal inns only, so that all who liked might avail themselves of the opportunity of dining, at least, with some of their medical brethren.

I am, Sir,

Your obedient servant,

ONE OF THE COUNCIL.

[The suggestion of our correspondent has in part (as respects the breakfasting together,) usually been acted upon, and if members would adopt the practice recommended, of reporting their arrival at the place of meeting to the local secretaries, the evil complained of would be very generally obviated. We have no doubt that the local council at Derby, will bear the subject in mind, and adopt such arrangements for the next Anniversary as shall ensure the comfort of every gentleman who may attend.]

CAVENDISH SOCIETY.

A Society, for the purpose of publishing and circulating among its members standard works on Chemistry, has recently been formed, under the name of the Cavendish Society. It is thus intended to accomplish for chemical science, what the Sydenham and Ray Societies undertake for Medicine and Natural History. The subjoined notice will shew more particularly what are the objects of the Society, and under what auspices it commences its operations.

President.—Thomas Graham, Esq.

Council.—A. Aikin, Esq.; D. T. Ansted, Esq.; J. Bell, Esq.; W. T. Brande, Esq.; J. T. Cooper, Esq.; M. Faraday, D.C.L.; G. Fownes, Ph.D.; A. W. Hofmann, Ph.D.; Percival Johnson, Esq.; W. A. Miller, M.D.; J. Pereira, M.D.; R. Phillips, Esq.; L. Playfair, Ph.D.; T. Redwood, Esq.; G. O. Rees, M.D.; E. F. Tschermacher.

Treasurer.—H. B. Leeson, M.D., St. Thomas's Hospital, Southwark.

Honorary Secretaries.—Robert Warington, Apothecaries' Hall, Blackfriars; G. E. Day, M.D., 3, Southwark Street, Hyde Park.

1. The object of the Society is the promotion of Chemical Science by the translation and publication of

works and papers on Chemistry and its applications to Agriculture, Manufactures, Mineralogy, Medicine, and Pharmacy.

2. Every subscriber of one guinea annually to be considered a member of the Society, and to be entitled to one copy of every book published by the Society during the year to which his subscription relates; and no member shall incur any liability beyond the annual subscription.

3. The number of copies of the Society's publications shall, unless otherwise directed by the Council, be limited to the number of actual subscribers who shall have been enrolled, and paid their subscriptions.

4. The Society will not commence its publications until the number of subscribers shall amount to fifteen hundred.

"Gmelin's Inorganic Chemistry," complete in three large volumes, 8vo., will be published and given in return for the first year's subscription.

The Council contemplate a stated publication of three volumes annually, and without pledging themselves to publish all the following works, present the names of some which have been brought before them for consideration:—

1. A volume of recent Memoirs and Tracts in Chemical Philosophy.

2. The Life and Works of Cavendish.

3. A volume of recent Memoirs in Animal and Vegetable Physiology.

4. Rammelsberg's Mineralogy.

5. Kopp's History of Chemistry.

6. Geiger's Pharmacy.

7. Runge's Chemistry of Dyeing and Calico Printing.

8. G. Rose's Crystallography.

Periodical Reports on the various applications of Chemistry to the Arts, Manufactures, Agriculture, Medicine, &c., are also in contemplation.

ON ILLEGAL PRACTICE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As a General Practitioner, (and also as a Member of the Provincial Medical and Surgical Society,) allow me through the medium of your excellent journal, to make a few observations regarding the recent trial for illegal practice, at Bristol, at the instance of the Apothecaries' Society.

I am happy Sir, that the Society have in this instance been successful. I trust it will prove a stimulus to their exertion to put down "quackery" in all its forms, and especially at the suggestion thrown out to them by the *legally-qualified*, and that the profession at large will enter *hand and heart* with them to prosecute their rights, more especially against that class, who, under the garb of being members of the Pharmaceutical Society, (and also under a display of belonging to the Liverpool Apothecaries' Hall,) induce the community at large to imagine that they have equal right to practice the art and "science of medicine," as those who, after an outlay of trouble, time, and anxiety of mind, have undergone a certain curriculum of education, and have obtained their certificate from the *Magnates of Blackfriars*.

It behoves the profession to be now on the "alert," meetings ought to take place in each county, and the best way devised so as to procure for the general practitioner a certain protection against illegal practice, and so ensure to the profession that respectability which is due to its importance.

The Home Secretary has promised Mr. Wakley his co-operation in Medical Reform: *we*, as a body, ought to represent our grievances to our county and borough members of Parliament, and procure their support to our petitions. By so doing, I think much good may ensue; for generally speaking, our representatives are exceedingly ignorant regarding medical laws, and when this important question does come on, they may be better versed to support and defend us against this increasing evil, "quackery."

I am, Sir,

Your obedient servant,

W. W.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.

First Examination for Honours, 1846.

Anatomy and Physiology.—S. O. Habershon, (*Exhibition and Gold Medal*)—Guy's Hospital; Thomas Littleton—(*Gold Medal*)—University College; Charles Sayer Hugo, University College; Peter Eade, King's College; William Scovell Savory, St. Bartholomew's Hospital.

Chemistry.—S. O. Habershon—(*Gold Medal*)—Guy's Hospital; T. A. Cammack—(*Gold Medal*)—University College; Peter Eade, King's College; Bholanath Bose, Medical College of Bengal and University College; Charles Sayer Hugo, University College; Thos. Littleton, University College; Edward Palmer, University College; Samuel Wilks, Guy's Hospital.

Materia Medica and Pharmaceutical Chemistry.—S. O. Habershon—(*Exhibition and Gold Medal*)—Guy's Hospital; Joseph Burgon—(*Gold Medal*)—University College; Samuel Wilks, Guy's Hospital; Bholanath Bose, Medical College of Bengal and University College; Peter Eade, King's College; Charles Sayer Hugo, University College; Edward Palmer, University College; Thomas Armstrong Cammack, University College; Gopal Chunder Seal, Medical College of Bengal and University College.

DEATH OF DR. FAVELL.

It is with deep regret that we have to announce the decease of Dr. Favell, of Sheffield, late President of the Provincial Medical and Surgical Association. For some months past Dr. Favell had been suffering under the effects of much anxiety, attending the long and severe illness during the winter of a member of his family. From this, however, he had at one time apparently recovered, but exertion during the hot-weather in June, induced a relapse, and he was again attacked with remittent fever, which gradually assumed a hectic character. He then left home for the south coast, some pectoral symptoms having previously occurred which were the cause of much anxiety to his friends.

TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

THE FOLLOWING ARE
THE PRINCIPAL OBJECTS
TO WHICH THE ATTENTION OF THE
PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION
IS DIRECTED.

- 1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmarys, or Dispensaries, or of private practice.
- 2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.
- 3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.
- 4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.
- 5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Wood-cuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

ST. BARTHOLOMEW'S HOSPITAL & MEDICAL COLLEGE.—The WINTER SESSION will commence on **THURSDAY**, the 1st of October, with an **INTRODUCTORY ADDRESS**, by Mr. **PAGET**, at Seven o'clock, P.M.

LECTURES.

Medicine—G. Burrows, M.D.
Surgery—William Lawrence, F.R.S.
Descriptive Anatomy—F. Skey, F.R.S.
Physiology and Morbid Anatomy—Mr. Paget.
Superintendence of Dissections—Mr. McWhinnie and Mr. Holden.
Chemistry—Mr. Griffiths.
Materia Medica—G. L. Roupell, M.D., F.R.S.
Midwifery, &c.—E. Rigby, M.D., F.L.S.
SUMMER SESSION, 1847, commencing May 1st.
Botany—F. J. Farre, M.D., F.L.S.
Forensic Medicine—W. Baly, M.D.
Midwifery, &c.—E. Rigby, M.D. F.L.S.
Comparative Anatomy—Mr. McWhinnie.
Practical Chemistry and Natural Philosophy—Mr. Griffiths.

Hospital Practice—The Hospital contains 530 beds, and relief is afforded to 48,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons; and during the Summer Session Four Clinical Lectures are delivered weekly—those on the Medical Cases, by Dr. Roupell and Dr. G. Burrows; those on the Surgical Cases, by Mr. Lawrence and Mr. Stanley. The out-patients are also daily attended by the Assistant-Physicians and Assistant-Surgeons.

Collegiate arrangements—Warden, Mr. Paget. Students can reside within the hospital walls, subject to the rules of the collegiate system, established under the direction of the Treasurer and a Committee of the Governors of the Hospital. Some of the teachers and other gentlemen connected with the Hospital also receive students to reside with them.

Scholarships, Prizes, &c. At the end of the Winter Session, the Annual Examination will be held for a Scholarship, of the value of £50 a-year, and tenable for three years. The examinations for the Wix, Bentley, and Collegiate Prizes, and those of all the classes for prizes and certificates of merit, will take place at the same time.

Further information may be obtained from any of the Medical or Surgical Officers or Lecturers, or on application at the Anatomical Museum, or the Library of the College.

MEDICAL SCHOOL.

ANDERSON'S UNIVERSITY, GLASGOW.

THE WINTER SESSION will begin on **TUESDAY**, November, 3rd, 1846.—Lectures will be delivered daily for six months on the following branches of Medical Science:—

Anatomy, Descriptive and Physiological—Dr. M. S. Buchanan.
Practical Anatomy—Dr. M. S. Buchanan.
Surgery, Theory, and Practice—Dr. Lawrie.
Institutes of Medicine—Dr. Adams.
Practice of Medicine—Dr. Andrew Anderson.
Chemistry—Dr. Penny.
Practical Chemistry—Dr. Penny.
Materia Medica, Pharmacy, and Dietetics—Dr. Easton.
Midwifery and Diseases of Women and Children—Dr. Paterson.
Medical Jurisprudence and Police—Dr. Crawford.
Natural Philosophy—Dr. Taylor.
Botany—(in Spring.)

Fee for each Class, £2 2s.

The University Museum, a most magnificent collection of Specimens, including more particularly those of Zoology, Geology, Mineralogy, and Antiquities, is open to all Students attending the University. A valuable Medical Library is also attached to the Medical School.

The Saloon for Dissection, which is free to those attending either of the above Courses of Anatomy, will be open from 9 a.m. till 8 p.m.; and attached to it there has been opened a Reading Room and Museum for the Students of Anatomy.

Certificates of attendance on the above Courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons of Glasgow, and by the Army, Navy, and East India Boards, and the Apothecaries' Hall.

Students have the opportunity of witnessing the Practice of the following Hospitals—viz., Lying-in-Hospital, at twelve, noon, 10s. 6d. for six months; Eye Infirmary, at one p.m., £2 2s. for six months; Royal Infirmary, at two p.m., £7 7s. for two years, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The patients admitted to the Eye Infirmary average 900 annually; those admitted to the Royal Infirmary, nearly 5000; besides 26,000 out-patients treated at the Dispensary. Average number of Surgical Operations, 120 annually.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

THE SESSION will commence on **THURSDAY**, October 1st, 1846, with an **INTRODUCTORY LECTURE**, by Dr. G. E. DAY, at Two o'clock.

Surgery—J. M. Arnott, F.R.S., and Mr. Shaw, at 9 a.m.
Physiology—Erasmus Wilson, F.R.S., at 9 a.m.
Midwifery—Charles West, M.D., at 10 a.m.
Chemistry—Edmund Ronalds, Ph.D., at 10. a.m.
Medicine—Mervyn, A. U. Crawford, M.D., at 11 a.m.
Materia Medica—Dr. G. E. Day, M.A., Cantab., at 11 a.m.
Hospital Practice—From 12 to half-past 2 p.m.

SUMMER SESSION, 1847.

Forensic Medicine—Robert G. Latham, M.D.
Botany—Arthur Henfrey, F.L.S.
Diseases of Children—Charles West, M.D.

Prizes are publicly awarded at the termination of the Winter Session.

HOSPITAL PRACTICE.

The Hospital contains 250 beds, and there were admitted during the year, 2322 in-patients and 10,414 out-patients.

The Dressers are selected by the Surgeons from the Pupils without additional fee. The Senior Dressers, in turn, board and reside in the Hospital free of expense. The House Surgeon is elected half-yearly from the Senior Dressers, and boards and resides in the Hospital free of Expense.—Clinical instruction regularly given.

Physicians—Dr. Hawkins, Dr. Wilson, Dr. Crawford.
Physician-Accoucheur—
Assistant-Physician—Dr. Seth Thompson.
Surgeons—Mr. Arnott, Mr. Tuson, Mr. Shaw.

Assistant-Surgeon—Mr. De Morgan.
Ophthalmic Surgery—Mr. Arnott.
Dental Surgery—Mr. Tomes.

Perpetual fee for all the Lectures, £50. From perpetual pupils of the School, for the Hospital attendance required by the College of Surgeons and Apothecaries' Hall, £34 13s.

Prospectuses and further particulars may be obtained from the Apothecary and the Secretary, at the Hospital.

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WEDNESDAY, SEPTEMBER 16, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY

ROBERT J. N. STREETEN, M.D.

1846.
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WEDNESDAY, SEPTEMBER 23, 1846.

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ADVERTISEMENTS.

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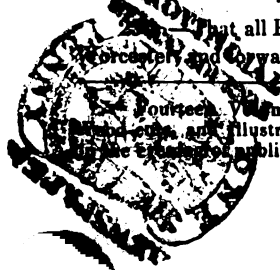
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*Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, and engravings and illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post to the Members of the Association.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS READ AT THE FIFTH ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY, JULY 8th, 1846.

By F. A. BULLEY, Esq., F.R.C.S., Surgeon to the
Royal Berkshire Hospital.

(Continued from page 439.)

At the tenth meeting—Mr. Harrington related a case of a woman, aged 56, a dispensary patient, who had exhibited symptoms of severe cardiac disease, which she stated had existed for nearly twenty years; she had had two severe attacks of rheumatism; general cedema; she died of coma and apnoea. The principal physical signs were a double bellows-sound of peculiar characters; the first like the feeble cry of a guinea fowl, the second resembling a musical note. On inspection after death, besides congestion of the lungs, and adhesion of the right lung to the pleura, the right cavities of the heart were found to be small, the left enormously enlarged, the mitral valve extensively diseased, the aortic valves incapable of closure. He made this to account for the double bellows-sound during life.

Dr. Cowan said he thought there was a regurgitation of the blood through the aortic valves, and the roughness of the aorta would give double bellows-sound of the most intense character, which would have been heard under the clavicles, and in the great arteries of the neck. The regurgitation and want of elasticity in the arch of the aorta were sufficient to account for the hypertrophy and dilatation of the ventricle, and perfectly explained the symptoms.

Your reporter exhibited an apparatus which he had lately constructed for the more efficient treatment of fractures of the thigh bone. The mechanical extensile power in this apparatus, by means of a foot piece moving on an endless screw, was so arranged, that the necessary traction should be equally divided between the foot and the lower end of the fractured bone, because he had found that in many of the cases he had witnessed, where the extension had been practised wholly by the foot, the knee-joint, from its having been kept for a long time upon the stretch, had remained inflexible and useless long after the bone had been united, which constituted, he thought, a serious objection to this method of treatment, and also because it was thought by some parties, that traction employed only through the medium of the broken bone itself, would be a better mode of treating these accidents. But he could prove, that to produce the necessary extension in this way, a greater amount of extending power, owing to the shorter leverage

employed, would be necessary; and to obtain this, the pressure upon the thigh above the condyles would interrupt the venous circulation, and cause cedema of the leg, which, when traction was used in this way, and especially by the apparatus of Dr. Jarvis, was placed on a double inclined plane, in a depending position. He therefore proposed to remedy these inconveniences by a division of the tractile forces, so that half should be expended upon the thigh-bone itself, and half upon the foot. The peculiar mechanism of the apparatus would ensure these effects. He particularly recommended it, as it was capable of ensuring an easily regulated extension, while at the same time the broken limb was constantly under the observation of the surgeon, which was not the case with Liston's, or indeed any of the splints in ordinary use. He would apply this mechanism to all cases of fracture of the thigh, in whatever portion of the bone they might occur; and in order that the traction of the lower broken end of the bone might be made in as direct a line with the upper end as possible, he would suggest that the foot with the whole limb should be kept more or less raised during the process; for instance, if the bone was broken near the trochanter it would be necessary to raise it very greatly, while on the contrary, if broken near the condyles of the bone, a very slight elevation would be sufficient, or perhaps none at all would be required. The lateral splint, in connection with the upper part of the apparatus, was acted upon by a force which pressed it inwards towards the thigh, thus preventing the bowed or excurvated appearance of the limb, which occasionally followed these accidents.

Mr. May said, that in the majority of cases which had occurred to him, the straight splint of Liston seemed the best to be adapted to the treatment. The rule which guided him was to place the limb in that position at first, which seemed best to suit the apposition of the broken bones. In all cases of fractured thigh he considered it best not to be in a hurry to put it up. He generally placed his patient in the easiest position on the side, and having placed the ends of the fractured bone in apposition, left it for a week or ten days, until the contractility of the muscles had subsided and the inflammation disappeared. He then, having carefully enveloped the limb in several folds of bandage, so as to prevent the injurious effects of pressure, applied the straight splint, and lashed the limb to it, and it rarely, if ever, required to be touched afterwards. He then placed the patient on the revolving bed, especially if he was an old person, to prevent the sloughing which might probably ensue.

On the same evening your reporter read a short paper on some of the disadvantages which he considered to attend the flap operation for amputation. He thought it was a much more painful operation than the circular one, and that in the aggregate it took a longer time in its performance. More painful, from the greater extent of the integument divided, and from the oblique incision of the nerves, and longer in performance from the oblique section of the vessels, rendering them unable to collapse, and thus, with a greater difficulty in securing them, a greater number of arteries required ligature. An eminent surgeon in London had mentioned to him, that he had been obliged to apply twenty-five ligatures after a flap operation, in which there was reason to believe, that had the circular method been employed, three or four might have been sufficient.

Your reporter thought this necessity had arisen from the oblique section of the smaller arteries preventing their collapsing in contradistinction to their retracting, which he believed was not the cause of the hæmorrhage stopping after amputations. He believed that arteries under a certain size were, from the absence of a muscular tunic placed under the same circumstances as veins, and were equally capable of collapsing when transversely divided. What was generally thought to be retraction, he believed was nothing more than the severed muscular fibres round the collapsed vessels contracting, and covering, and thus obscuring their ends. If the power of retraction resided in the arteries, *per se*, by reason of their muscular construction, why did not the large arteries, which were composed of a distinctly muscular coat, retract for the stoppage of hæmorrhage, as well as small ones, in which latter a muscular envelopment was scarcely discernible. The larger arteries needed a ligature he thought, simply because the density of their muscular tunic prevented their collapsing, which was not the case with the smaller ones, which were only prevented from doing so in the flap operation, by the oblique method of division to which they were subjected. In the original paper he had introduced a hypothetical argument to account for the secondary venous hæmorrhage which sometimes ensued after flap amputation, but would not recur to it now, as he was anxious not to take up the time of the Society without a definite practical object.

Dr. Bradshaw had seen an operation performed at the Westminster Hospital, by one of the surgeons, when the flap section was used, and more time and blood was lost than by the circular operation, and secondary hæmorrhage followed, and it was the opinion of all present that the flap operation was, generally speaking, not preferable to the circular one.

Mr. May said, that he thought the observations of your reporter, as regards hæmorrhage, not very just, but that he believed we were not in a condition, from the statistics of surgery, to come to a conclusion on the subject. The pain he did not consider a matter of much importance. The section of the vessels, in turning back the skin in the circular mode, was objectionable, as dividing the nutrient vessels on which union depends, which he believed to be both practically and theoretically injurious.

At the eleventh meeting—Mr. May presented a

specimen of diseased stomach, taken from a lady, aged 42, who, just before his visit, had vomited three pints of blood, and in the evening a similar quantity; a large quantity of blood was also passed by stool. On examination after death, the stomach was apparently healthy, but attenuated; an ulcer was discovered near the cardiac extremity, on its outer surface, with a vein distinctly opening into its centre, which could be easily inflated with a blow-pipe introduced into the vessel. She had suffered from pain of the epigastrium, extending to the back before the hæmorrhage. She died of hæmatemesis and mælena. The uterus was hypertrophied, but whether from recent abortion or not, he could not say. He had not seen the patient before the attack.

Mr. J. Workman then read his promised paper on a case of ascites. The patient had been both an in and an out-patient of this hospital. He had used two grains of the iodide of potassium, in broom tea, with squills, or decoction of dandelion, or spruce fir, three times a day, and in a short time the abdomen became empty. The patient had been tapped three or four times previously. She had had several returns of the complaint since, but it was always removed by the same means. Mr. Workman attributed these effects to the hydriodate of potash, as he had tried the other means detailed without it, but without success. The narrative of this interesting and instructive case gave great satisfaction.

At the twelfth meeting—Mr. Walford related the case of a boy, 12 years old, who had died under very obscure circumstances. On examination after death the heart was found to be small, but the pericardium was found to be greatly distended, so as to be capable of containing about a pint of purulent fluid, which was discovered in its cavity. Adherent to its inner surface were masses of coagulated lymph. The pericardium itself was also thickened. The patient had never had rheumatism. He had been ill two days when Mr. Walford first saw him. In the course of the case he became affected with a loose cough, and a pain in the left side, but there was apparently nothing abnormal in the state of the lungs. There was so much tenderness that he could scarcely bear the ear applied to the cardiac region. Mr. Walford remarked that the disease had come on very unexpectedly, and that, prior to his having been seized with the acute symptoms, the boy had not been unhealthy.

Mr. Walford cited the opinion of Dr. Hasse from the last volume of the works of the Sydenham Society, which went to prove that different grades of inflammation of the pericardium produced different effects; that in some cases a gelatinous substance was poured out, and that the organization of this substance produced the adhesions which were sometimes observed in this disease, and also that effused pus, if not in too large a quantity, might be absorbed.

Dr. Cowan said that he had seen two cases of chorea in which there was coexistent inflammation of the pericardium, but in which he had failed at first to detect it. The disease was characterized by a peculiar to-and-fro motion or friction sound. In these cases the chorea had subsided on employing treatment for the pericardial disease. He had seen many cases where there was great difficulty in deciding whether

there was disease of the pericardium or not. Cases had been related by Dr. Bright and others where the chorea was connected with pericardial affection.

Mr. Harrison related the case of a child, born rather above the natural size, and of healthy appearance, with an imperforate anus. The bowels had not been moved since birth, and several doses of castor oil had been given without effect. The child had been seen by another surgeon, who had endeavoured to open the intestine, but failed, the knife having passed between the bladder and the rectum, where a quantity of effused blood was discovered after death. The child having been left to his fate, Mr. Harrison saw him on the third day after his birth, when the abdomen had become enormously distended, as also the hypogastrium. He was continually straining or bearing down in the effort to evacuate the bowels. On examination the finger passed readily, for the space of an inch, in the natural tract of the gut, where there was a *cul de sac* projected by the accumulated meconium, which now presented a ready mark for the knife. Mr. Harrison succeeded in making a puncture in the most prominent part of the swelling, by which a large quantity of meconium was suddenly discharged, with some air. An immediate collapse of the abdomen followed the operation, but the child sank within an hour afterwards. On examination after death, the bladder was found to be adherent to the rectum, and a quantity of blood effused between them, as also between the rectum and the cavity of the pelvis. The knife in the first attempt had probably passed between the bladder and the rectum.

Your reporter took occasion to remark that the operation might have been more difficult at first, on account of the intestine not being distended by the meconium as afterwards occurred, and that the surgeon who first attended the case, was not so obnoxious to blame for an unskilful operation as the narrator seemed to think he was, because it was well known that these operations, performed while the intestine was not distended in the early periods of infantile life, generally failed, from a want (as Mr. Harrison had observed,) of a mark to guide the operator. He, however, concurred with Mr. Harrison, that great blame was due to the first attendant for having left the case to die, without calling in another opinion. It was observed that there was an opening into the rectum, but whether it was occasioned by the knife in the *post-mortem* examination, or by ulceration, the narrator was unable to say.

Mr. May then related the case of Mrs. Bennett, whose arm he had removed for a cancerous disease, following an extensive burn, and exhibited the heart and gall-bladder which he had removed from the patient. The accident had occurred fifteen years ago, from her having fallen into the fire in a swooning fit, to which she had been some time previously subject. She was the elder sister of the family, but all the other members of it were apparently free from cancerous disease. After the operation the stump progressed favourably, and had nearly healed. The disease, which was at first of a scirrhus nature, however, returned in the stump. Latterly she had complained of pain in the thorax, especially on the left side, in the region of the heart. She had also occasionally suffered from hæmoptysis, which continued till her death. On

examination, both the lungs were found to be equally and generally infected by scirrhus tubercles. There was a large mass of scirrhus formation in the left side of the anterior mediastinum. The uterus contained a scirrhus nodule in the anterior part of its substance, and another in its cervix. The heart was tolerably well developed. The walls of the right ventricle were occupied by a mass of the same kind of scirrhus formation, so as to make that side of the organ appear much larger than the left; it was deposited in the muscular tissue of the ventricle; there was nothing, however, particular in the cavity of the ventricle; the left side of the heart was perfectly free from disease. The gall-bladder, which, with its contents, was exhibited, was of a pale white colour, and contained no natural bile, but a quantity of turbid thickish serum, resembling pus, with a number of white concretions in it, one of which blocked up the ductus cysticus, and prevented any escape of the contents of the bladder. The concretions were very little different from what are usually observed in such cases, but appeared to be composed of a softish calcareous substance, probably cholesterine, covering what appeared to be a layer of coagulated blood.

Dr. Cowan, in conclusion, made some very interesting remarks on the pathology of cancer, especially as regarded the apparent metastasis of the disease to the heart, after an operation in other parts. He detailed at large the account of Cope's experiments on the transfusion of cancerous matter, which had lately been denied, and also offered some ingenious and learned reasoning on the course of scirrhus cachexia, which were listened to with great interest.

Mr. President and Gentlemen,—Having now brought my labours to a conclusion, allow me to thank you for the kind and indulgent attention you have given to my somewhat tedious recital; but I trust that I have not extended my remarks beyond a useful limit, and I also hope that I have not omitted anything of consequence which during the past year has been presented to your notice. If I have done so, it has been from inadvertence, not from design. I cannot conceal from myself, nor from you, that I have derived great advantage from performing the duty your kindness has imposed upon me, inasmuch as the nature of the task has made me more intimately acquainted with the opinions and thoughts of my colleagues and medical friends, which may be of service to me in the future exercise of my profession.

CASES OF CONGENITAL MALFORMATION OF THE BLADDER.

By EDWARD DANIELL, Esq., Surgeon, Newport Pagnell.

(Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, Thursday, August 20th, 1846.)

The beauty and order of nature is at all times a fruitful theme of admiration to every investigator into its deep and hidden mysteries, and very rarely is it the lot of the philosopher to detect errors in its steady and uniform developments. There are, however, from causes, occult and incomprehensible, occasional departures from this harmony and correctness,—departures which set at naught all our reasonings

and judgment, and put beyond our reach even a conjectural cause for the discrepancy. Thus, in animal organization, the processes of formation are sometimes arrested, and beings are brought into life, shorn of some portions of their natural development, so that it is not uncommon to witness in a new-born child, a perfect amputation in utero, even to the loss of an arm or a leg; while on the other hand, cases come under our observation where the materials (so to speak,) seem to have been superabundant, and the infant has been born with monstrous additions and painful deformities. To speculate on the causes of these peculiarities, is certainly more curious than useful: it is waste of time, for a knowledge of the primary movements of all organization seems to exceed human capability; it is seeking admission into nature's laboratory, which for the present is withheld even from the most prying eye. But while causes are hidden, effects are obvious, and it becomes the duty of us, as intelligent and benevolent-minded practitioners, to seek that aid from art, which wisely and judiciously directed, may overcome even these occasional faults of nature.

The case of congenital malformation, which I am about to describe, and illustrate by other examples, has been thought of much rarer occurrence than it proves to be, while its singular and distressing character urges me strongly to call your attention to it, in the hope that efficient means may be adopted to remedy individual suffering, to palliate a great evil in the unhappy patient, and remove a nuisance from that society into which such objects are thrown.

— Pallet, an infant, was brought to me with a fungous tumour about the size of half an ordinary apple, situated immediately above the symphysis pubis, and rising upwards so as to involve in it, and totally obliterate, all traces of the umbilicus. It is of a bright red colour, tender to the touch, having its surface covered with rough granulated elevations, smeared with mucus. At the inferior margin of the tumour are two mamillary processes, projecting considerably above the other asperities; in the centre of these processes are minute openings, capable of being dilated, so that a probe introduced into either of them will pass with the utmost freedom until it becomes literally lost in the passages. By compressing the tumour with some force, it recedes into the cavity of the abdomen, but returns again with a sudden jerk the instant the pressure is removed. That it is exquisitely sensible is proved by the vehement crying of the infant whenever this pressure is applied.

The character of the case is obvious on the first glance, the anterior portion of the bladder is wanting, the mucous surface is exposed, and consequently there is no proper receptacle for the urine, but simply a membranous expansion, by means of which the urine escapes as fast as secreted. The mamillary processes are the open mouths of the ureters, through which the water passes sometimes by jerks—particularly when the child cries, and sometimes by mere dribbling.

It will perhaps be recollected by gentlemen present at the twelfth Anniversary of this Association, that Mr. Giles, of Stourbridge, exhibited an analogous case to the members assembled at Northampton. The patient was a young man 22 years of age. If you refer to the 13th volume of the "Transactions," of this

Association, you will find a very beautiful engraving of the case. The malformation in the child Pallet, extends throughout the whole genital organs. The labia pudendi are cleft by the tumour at their superior point of union, and hang like flaps by the side of the tumour. I have reason to think there is no vagina, while the meatus urinarius, if it exists at all, is but a very minute orifice, through which no urine flows. It would almost appear from the concluding passage of Mr. Giles's lucid description of his case, that he thought the one he exhibited unique, as far as this country is concerned, for he quotes from the Memoirs of the Academy of Sciences of Paris his other examples; but you will find if you examine the English Journals for the last twenty years, several such malformations recorded. Dr. Baillie in his "Morbidity Anatomy," makes the following statement:—

"The anterior part of the bladder is occasionally wanting, and instead of it there is a very soft vascular flesh, situated externally at the lower part of the abdomen. This soft vascular flesh is usually formed into irregular projecting masses, and in the living body is covered with a thick ropy mucus. The two ureters open somewhat upon this vascular flesh, distilling gradually the urine upon its surface, which the mucus is intended to protect against the stimulus of that fluid. When there is such a formation of the bladder, I believe that there is always a deficiency of the bone of the symphysis pubis, and also a monstrous formation of some of the organs of generation."*

Dr. Soper, of Ashburton, Devon, narrates in the *Lancet*, 1829 and 30, vol. 2, p. 56, the case of a child born with a similar malformation, but the sex was so hidden that there appeared a difference of opinion between the parents and the doctor as to which sex it ought to belong; the former named the child Matthew, but Dr. Soper pronounced it a girl. There existed a scrotum, and regularly marked raphe, but no testes; a glans penis, without a body or urethra. You will find a sketch of the case accompanying the communication.

In the *Lancet*, vol. 12, 1826-7, p. 30, is a beautiful description of an analogous case, admitted into St. Bartholomew's Hospital, under the care of Mr. Earle. I beg leave to quote it entire on account of the accuracy of its detail, and because it seems to furnish the generic characters of this species of malformation, allowing, of course, for the difference of sex.

"Mary Pratt, aged 10, of a frail form, and debilitated aspect, was admitted into the Hospital on account of a fungous tumour on the lower part of the abdomen, through which the urine is involuntarily discharged. Upon examination, it was found to result from a deficiency of the anterior portion of the bladder, while the posterior part of that organ is protruded forward through an aponeurotic expansion in the inguinal region, formed by the interlacement of the tendinous fibres of the abdominal muscles, so that, in fact, the interior surface of the posterior portion of the bladder forms the tumour seen on the external surface of the abdomen. The fungus occupies the region of the pubes, extending from thence to the usual situation of the symphysis, and is of the size of half an orange. On either side it is bounded by the recti muscles; its colour is red, and it presents a granulated surface, which is moist, and frequently covered with a thick layer of

* Morbid Anatomy, 5th ed., p. 331.

mucus; its sensibility is exquisite. From the inferior part of the fungus, and about equidistant from its edges, and from each other, are seen two projections, mamillary processes, or papillæ, denoting the termination of the ureters. From these the urine exudes *guttatim*; but, by the action of the abdominal muscles, it occasionally spurts out in a small stream. There is a depression around the edges of the tumour, which, at its inferior part, forms a sort of triangular cleft, into which the urine exudes, the apex of which is continuous with the raphe perinæi. On either side of the cleft, and in contact with the fungus, are two small bodies, probably the glans clitoridis; the labii pudendi considerably recede from each other; the nymphæ, as likewise the meatus urinarius, are wanting. The ossa pubis are two inches apart, their spines being thrown forward from projections at either side of the protruded bladder; the bodies of the bones are connected by a ligamentous membrane, which forms the point of support for the viscera of the abdomen. The situation of the anus is rather more forward than natural, so as to diminish the breadth of the perinæum; the os coccygis is more than ordinarily incurvated; the vagina is pervious, but its calibre is only just sufficient to admit the passage of a probe. The umbilicus is so blended with the integuments, at the upper edge of the protruded bladder, that scarcely any vestiges of it are traceable. As a consequence naturally looked for, resulting from the separation of the bones of the pelvis, is found a larger and flatter pelvis. The acetabula and thighs are separated further from each other, and there is considerable lateral motion, so that the combined effect of the many, consequent on one original cause, gives to the child a very staggering gait.

This case, allowing for the difference of age in the patients, is a perfect parallel to the one which I have brought before your notice, even to its very minutiae, so that it would seem there is uniformity even in the errors of nature.

Six years after this, Mr. Earle records another case in the *Lancet*, 1842 and 1843, p. 797, to which I must beg to refer you. This was a boy, but some slight variation in character was perceptible; for instance, in three parts it was covered by epithelium. Mr. Earle observes, that he had always thought mucous surfaces incapable of becoming cuticular, however long they might be exposed to atmospheric influence; but here seemed an exception to that rule, though he could not say whether the epidermoid appearance, in this instance, resulted from an effort of nature, to protect the delicate and exposed membrane, or was a congenital formation.

It is rather a singular coincidence, and in some measure a fortunate one; but while I have been engaged in my enquiries and researches connected with this case, I have been requested by my friend, Mr. Paxon, of Cranfield, to see a patient of his, with a fungous tumour at the lower part of the abdomen. On examination, it turned out to be another case of malformation of the urinary organs. The anterior portion of the bladder is there wanting. The patient, who is a boy about three years old, has the like deficiency with respect to the genitals; that is, there is no body, but simply a glans penis, lying under the inferior portion of the tumour. The testes are properly developed. It resembles Mr. Earle's case, in having

a slight cuticular surface over some portion of the tumour.

An instrument for the mitigation of the misery attendant on such malformations as these, suggested itself to my mind; which instrument I described to the medical and surgical staff, at the Northampton Infirmary, whither I had the child taken for the advantage of their united opinion. But I was pleased subsequently to find, on reading Mr. Earle's cases, that that enlightened surgeon had been before me in the invention. I will describe to you the instrument he proposes, because it is an improvement upon the one which occurred to me. It consists in "adapting a kind of silver bowl to the parts surrounding the bladder, and connecting it by means of a tube with an India-rubber bag, to be fastened round the thigh, when the secretion would flow into the artificial bladder, which might be emptied at pleasure by a stop-cock that would be attached to it." I wrote to Messrs. Weiss and Son, and in my answer was informed that they had made two such instruments,—very possibly for the two patients whose cases are recorded by Mr. Earle. I lost, however, the chance of procuring this instrument, in consequence of Lord Carrington, with his usual liberality and kindness, determining to send the child to London. It was sent to St. George's Hospital, and an instrument was manufactured, by direction, I presume, of the surgeons; but so defective is it, that it scarcely obviates, nay, it does not obviate, the evil which constitutes the misery and nuisance of such a case as this. It is simply a bowl large enough to cover the tumour, lined with oiled silk, and covered with leather; at its lower part projects a tube, but to this tube there is no bag attached, so that the only advantage derived from it is protection from the friction of the napkins. The urine escapes and keeps the child always wet. It is very possible, considering the age of the child, that it might be thought too young for an expensive apparatus, but there would have been but small additional outlay to have screwed upon the tube a receptacle for this irritating fluid. I hope to have it in my power to arrange an instrument for the Cranfield case, and for the case of Pallet, when the child is able to walk.

A drawing of the tumour in the child Pallet's case accompanied this paper, and was exhibited at the meeting.

TWO CASES OF GLOSSITIS.

By WILLIAM ENGLAND, M.D., Wisbeach.

The infrequency of idiopathic glossitis, makes it right to record two cases which have occurred in my practice,—one in the year 1839; the other during the present week.

CASE I.

On the 15th of April, 1839, I was requested in consultation with a medical practitioner, to see Mr. D., aged 45, a small farmer, at Emneth, in this neighbourhood. Of this case, I have preserved only the following short notice:—

"*Glossitis*.—Left half of the tongue chiefly thickened towards the root, though the whole of the surface on the left side, as far as the median line, is elevated one-eighth of an inch higher than the right."

I am sorry that no particular notice of the history of the case prior to his consulting me has been given, though I remember at this distance of time, that the inflammation of the tongue, which obstructed deglutition and rendered articulation indistinct, came on on a sudden, the patient being apparently in a good state of health. Within twenty-four hours the glossitis subsided under the application of a solution of nitrate of silver, (fifteen grains to the ounce of water,) indeed, after two or three applications, the swelling had almost entirely disappeared, and the patient's observation was, that "it acted like a charm." He had no other treatment except, I believe, aperients.

CASE II.

Tuesday August 18th, 1846, J. H., aged 20, a servant in husbandry, in the neighbourhood of March, was sent to me, with his tongue much swollen, and his deglutition (except of liquids,) much impeded; his articulation was very imperfect. On Friday, August the 14th, his general state of health being good, and without any preliminary rigor, his tongue became suddenly swollen, and increased in volume to such an extent as to produce the above impediments accompanied with pain and tenderness on pressure. On inspecting the mouth and fauces, the left side of the tongue was found to be swollen, the increased thickness extending throughout its substance and from the apex to the root. The elevation of the left surface above the right, was greater than in the former case, being at least a quarter of an inch above the corresponding right side, beyond the median line, which it seemed to follow symmetrically.

Half a dozen leeches and a blister were ordered to the throat, preceded by an active calomel and jalap purgative; a solution of nitrate of silver (twenty grains to the ounce of water,) was applied with a camel-hair brush three or four times a day.

As in the former case, the use of the nitrate of silver led to a speedy diminution of the swelling; and when he called upon me on the 20th, two days afterwards, both sides of the tongue were of equal thickness. In this case, however, a small abscess had terminated the glossitis, and a drachm or two of purulent matter was spontaneously evacuated. In neither case was the pulse more than from 80 to 90.

In the long series of the *Medical Gazette*, I find the publication of only two cases, one (vol. 1841-2) by Dr. Graves, which, very similar to the case of J. H., terminated in abscess; the swelling being punctured, a thimbleful of pus made its exit, and the patient got instantaneous relief, and left the Meath Hospital the same evening. In Dr. Graves's case the swelling, as in the two which I now record, was confined to the left half of the tongue. In the same volume of the *Gazette* is another case of glossitis, producing suppuration, reported by Mr. Alfred Snee, and I am inclined to think with that gentleman, that the "reason to be assigned for the rarity of abscess in the tongue is, perhaps, the absence of much cellular tissue in that organ." Dr. Mason Good makes no allusion to inflammation of the tongue; the admirable lectures of Dr. Watson, in the *Medical Gazette*, are equally silent on the subject; and we must agree with M. Marjolin, (Art. Glossite "Dict. de Médecine,") that the form of

inflammation of the tongue, which is "*profonde et occupe le parenchyme de l'organe* est assez rare. Dr. Copland's forthcoming article "On Diseases of the Tongue," will doubtless supply the present lacuna in medical literature.

Wisbeach, August 21, 1846.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 23, 1846.

There are two subjects connected with public affairs, which, at present especially, require attention on the part of the members of the medical profession. These are the Registration Bill and the Medical Relief of the poor. The time is now come when a strenuous effort should once more be made to gain access to the members of Her Majesty's government on these questions, and to get both of them placed before those in authority, in their true light,—the former as an integral part of the more enlarged measure of Medical Reform, and of great importance therefore to the profession, and ultimately to the public; the latter as a measure in which the interests and welfare of the mass of the population are intimately concerned. On the present occasion we propose again to refer to the Registration Bill.

No time should be lost in endeavouring to counteract any adverse influence which has been or may be exerted, to remove partial and distorted impressions, and to convince the Minister that the profession, as a body, are disposed to regard the Bill lately brought forward by Mr. Wakley for effecting this purpose, as well calculated for the attainment of the required object.

A suggestion for an alteration in this bill, involving, as it appears to us, a serious departure, both from correct principle and from simplicity of detail, has been made in a non-professional periodical. We should not have deemed this suggestion to call for notice, had it not been countenanced by a warm and intelligent advocate for medical reform. In the last number of the *Dublin Medical Press*, we find the following remarks in reference to it, headed "Mr. Wakley's Registration Bill":—

"The following, from the *Pharmaceutical Journal*, appears to us to be the right view of this plan. Every man must be registered as what he really is. If he be a doctor of medicine, and wishes to be publicly recognized as a physician, let him appear in the physicians' list, with liberty, if he pleases, to attach F. or L., or M.R.C.S. to his name if he has obtained a surgical diploma. If he be a surgeon, and wishes to be so held, let him go into the surgeons' list, and if he pleases, and is entitled to it, let him add M.D.: and if he be an apothecary, *keeping open shop*, let him be so registered, and add all the letters in the alphabet to which he lays claim, if he likes it:—

'Instead of appointing three registrars for the three kingdoms respectively, let three be appointed in each kingdom; one by the College of Physicians, one by the College of Surgeons, one by the Society of Apothecaries or general practitioners. Let the three registrars in each kingdom constitute a board, and publish annually in one volume the three separate lists which each has severally prepared as directed in the bill: the only difference being, that the annual medical directory of each kingdom would contain a distinct alphabetical list of each class of practitioners, instead of a mixed alphabetical list of all persons qualified to practise. The distinction between the surgeon and the apothecary or general practitioner would be, that the former does not practise pharmacy.'

'The form of certificate in schedule B, should be made to correspond with the description of the qualification in the register. With the above alterations, we think no reasonable objections could be urged against the bill, which appears to be simple, practicable, and likely to effect the object contemplated.'

The suggestion, as we have before remarked, derives its claim to notice from its having been adopted by the Editor of the *Medical Press*, who seems to have been led by his views on another evil connected with the present state of the profession, to give the weight of his authority to a proposal which, probably, under other circumstances, he would have disapproved of.

None can be more fully impressed than we are with the unmitigated evils arising from the system of "*keeping open shop*," the combining of a retail trade with a scientific profession, or the attempt at estimating the value of the services of any medical practitioner by a sum made up of paltry items of shillings and pence, charged on the drugs supplied; but this is a distinct question, and ought not to be suffered to interfere with the settlement of one of the leading measures for a reform of our institutions, on broad and equitable principles.

The true intent of the registration, that which gives to it its main advantage to the profession and utility to the public, is the clear distinction which it at once establishes between the qualified practitioner and the ignorant pretender. It is the common ground on which qualified medical practitioners of every grade or denomination can meet; if carried out in its original simplicity, it will unite them, and them only, into one general body, and for public purposes mark them as such, leaving the separate registration of all distinctions of grade, designation, &c., to the several corporate bodies by which these distinctions are conferred.

When the first great principle of reform adopted by the Provincial Association, shall have been carried out—that of an equalized system of sufficient primary qualification or education in all the branches of medicine for every one entering the profession—then the being on the register will mark this qualification to have been obtained; in the meantime

we must presume, as indeed in practice we believe to be actually the fact, that the education at present pursued in our Universities, Colleges, and Schools, does, for the most part, give this qualification, though certain of the licensing bodies do not profess to test it.

If, on the other hand, we are to have class distinctions introduced into the register, there is no drawing the line where this hair-splitting would end. The licentiates of one Corporation may consider themselves entitled to register in one grade, while those of another Corporation may not be disposed to recognise the former as equals, till at length we may have as many divisions introduced into the register as there are licensing bodies.

Neither is the practice of the different grades so defined as to render the adoption of this distinction a satisfactory ground of classification. Where, for instance, are professed accoucheurs to be placed. Some of these—the rejected from corporate honours and privileges—are University graduates, and denominated physicians; others are members of the College of Surgeons; but where are they to be placed in the registration list, if divided as has been suggested. The fellows of the College of Physicians will scarcely see them registered as pure physicians—the Council of the College of Surgeons will repudiate them from the list of pure surgeons; and, certainly, very many of them neither dispense nor supply medicine, nor have license from the Apothecaries' Company to do so, and can have little claim, therefore, to register as general practitioners.

Other objections to this class-registration present themselves, but we are compelled to postpone the notice of them till another opportunity. The members of the Provincial Association, however, will bear in mind, that the support afforded to the Registration Bill at the late Anniversary was unanimous, and that the only difference of opinion then manifested, arose out of an ambiguity, or supposed ambiguity, in the legal phraseology of one of its clauses.

BIRMINGHAM PATHOLOGICAL SOCIETY.

July 4th, 1846,

Dr. WADDY in the Chair.

CYSTS OF THE LIVER AND KIDNEY.

Dr. Fletcher presented to the Society a portion of the anterior edge of the liver, in which was a cartilaginous cyst, the size of an orange, containing hydatids, and a kidney upon which there was a very large cyst, containing clear serum, taken from a patient who had sunk under bronchitis and general anasarca, supervening upon an affection of the heart, consisting of ossification of the mitral valves and general dilatation.

STRICTURE OF THE ILEUM.

Mr. Brindley presented a specimen of stricture of the ileum, and gave the following statement:—

This is a case of chronic disease of the ileum, probably tubercular, confined to a few inches of its lower portion, and terminating fatally by the supervention of acute peritonitis. The case was obscure almost to its close, the symptoms not being *well marked*, and the diagnosis of necessity *unsatisfactory*. Its history is shortly as follows:—

Mrs. Hart, aged 60, of short stature, good conformation, the mother of seven children, states that a few years ago she suffered a good deal from gravel, and has had several severe attacks of epistaxis; she was once salivated, but on what account I could not make out. In the beginning of May last, she complained of pain in the lower part of the abdomen, and back, and hips; could not walk so well as usual; the bowels were irregular, and sometimes relaxed, at other times costive; impaired appetite, flatulency, and other dyspeptic symptoms. There was no fever; the pulse was natural; the face was pale and languid. She had been declining in health for four or five months, and had lost flesh. There was no tenderness of the abdomen, nor fulness. In three or four weeks she gradually became worse; the pain of the back, hips, and abdomen, which had been occasional only, became more abiding, severe, and was aggravated at night, and accompanied by fever, thirst, sickness, and vomiting. The pain was deep seated, and *firm* pressure on the abdomen detected tenderness; the bowels did not act without aperients; the evacuations were of a pale colour; the pulse was frequent and feeble; wasting progressed; there was great debility and languor, and a sallow countenance. On June 17th, acute peritonitis came on suddenly, and she died on the 24th.

Sec tio-cadaveris twenty-four hours after death:—*Head* not examined.—*Chest*: Old adhesions by elongated cellular bands, between the pleural surfaces on both sides, but the lungs were healthy, with the exception of infiltration of serum in the posterior parts. *Heart* natural.—*Abdomen*: Recent adhesions of all the adjacent peritoneal surfaces, and effusion of yellowish turbid serum, without flocculi, to the amount of three pints. The omentum, which adhered strongly to the brim of the pelvis, on the left side, and feebly to the subjacent intestines, was loaded with fat, thick and red, with here and there a deposit of coagulated lymph; liver pale; gall-bladder distended, with two and-a-half ounces of bile, of a dark brown colour; stomach internally healthy; kidneys healthy. The intestines presented a patchy deep red colour, along the line of their adhesions, or were deeply injected. On tracing them downwards towards the cæcum, a new set of appearances was discovered. The coils of intestine, occupying the left iliac fossa, were closely agglutinated together—old and strong bands bound all together; and there was a plentiful deposit of fat in the mesentery at this part, as well as about the cæcum. On a careful inspection, I found small, roundish deposits, of the size of shot, lying here and there on the surface of the ileum, covered by the peritoneum, of a yellowish grey colour, and firm consistence, so flat as scarcely to elevate the serous membrane; they extended over its lower eight or ten inches, becoming more abundant towards its termination, until they completely covered the bowel; some were also observed in the cæcum; where thickly set upon the bowel, they were nearly black in colour, but where few and isolated, they had a dark

ring at their circumference. They were situated *beneath* the peritoneum, and upon the muscular tunic. This tunic was much hypertrophied and contracted, so as to diminish the calibre of the intestine, that it would barely admit the passage of the point of the little finger. The thickness, which was greatest at its attached or mesenteric border, was unequal, being, at some points, as much as three or four lines, so that it gave to the bowel a curved or puckered appearance. The mucous membrane was, for the most part, healthy; neither its follicles nor glands presented any morbid appearance; ulceration, however, had extended to it from the sub-peritoneal deposit, at two points; in both, the muscular and mucous coats were destroyed, but the serous covering had thrown out lymph and contracted adhesions with the adjacent parts, by which the tube of the bowel had been preserved entire, and the escape of feculent matter prevented. The mesenteric glands were but little, if at all, enlarged. The descending colon, sigmoid flexure, and rectum, were contracted to the size of the finger.

Mr. Field brought before the Society a blacksmith, named Ridding, upon whom he had performed Amusat's operation for opening the left lumbar colon, about a month before. He did not enter into the particulars of the case, as he intends publishing it when complete. The patient was going on very favourably. He passed fæces by the wound and by the anus.

DR. WARDEN'S PRISMATIC SPECULA.

The following letters on the method of illuminating specula, in the examination of some of the internal cavities of the body, by means of the prism, were read at the Anniversary meeting, at Norwich, on the occasion of Mr. Avery's exhibition of his ingenious instruments for the same purpose. An account of Dr. Warden's prismatic specula, will be found in the *Monthly Journal of Medical Science*, in which its application in the investigation of diseases of the ear and head is especially pointed out and illustrated with cases.

“Edinburgh, 17th August, 1846.

“Sir,—I take the liberty of writing you these few lines, in consequence of a medical friend recommending the propriety of transmitting to the Association through you, a series of papers, descriptive of a set of instruments devised by me, for the more minute investigation of disease situate in the dark open cavities of the body, including the urethra, the vagina, the rectum, the glottis, and the ear; in all which parts my instruments afford ample facilities for viewing and treating disease. Had time permitted, I would have put you in possession of extensive professional testimony to this effect, above one hundred of my brethren having contributed to my experience in the use of the prismatic specula, in consultations and cases remitted to me within the last year. My printed papers sufficiently explain the construction of the instruments, but I may observe, that the peculiar advantage of illumination of the speculum through the prism is, that an unlimited amount of light, proceeding from either side of the operator at pleasure, is poured as a stream over the

edge of the tube, leaving the area of it, and the foreground of the operator, free for the unobstructed use of his hands and instruments. As I have not yet printed accounts of my experience in the cases of the urethra, rectum, and larynx, I can only refer to the written statements of Drs. Handyside and Spittal,—the former stating that he had distinctly seen by means of my apparatus, stricture in the membranous part of the urethra; the latter, that he had seen the glottis. Begging that you will excuse so much trouble at the hands of a stranger, you will confer a particular obligation upon me, by bringing this communication under the notice of the Association.

"I have the honour to remain, Sir,

"Your most obedient servant,

"ADAM WARDEN, M.D., F.R.C.S.E., &c.,

"Aurist in Ordinary to the Queen for Scotland.

"J. G. Crosse, Esq.,

"President of the Provincial Medical Association
&c., &c., Norwich."

"16, Howe Street, Edinburgh,

"August 15th, 1846.

"My Dear Sir,—I have much pleasure in complying with your request, that I should state my opinion in regard to your prismatic specula for the inspection of the various open cavities of the body.

"I have no hesitation in stating generally, that as a mode of inspecting the cavities alluded to, these instruments possess very great advantages over all others previously proposed for such a purpose.

"I have frequently, by your kindness, had an opportunity of examining the tympanum, in cases of affection of the ear, and in such cases the abundance of light thrown upon the object is remarkable; while the mode in which this was made to enter the cavity, permitted of facilities of operating therein very much larger than possessed by all other instruments, so far, at least, as I am acquainted.

"In one case of affection of the larynx, I have seen the glottis, by means of your instrument peculiar to the examination of the throat.

"With kind regard, I remain,

"My dear Sir,

"Yours very truly,

"ROBERT SPITTAL, M.D., F.R.C.S."

"Dr. Warden, F.R.C.S.E."

"Edinburgh, 45, York Place,

"August 15th, 1846.

"I have much pleasure in complying with Dr. Warden's request, that I should state what I have witnessed of the application of his apparatus for examining the male urethra by the prismatic speculum.

"In a case of stricture at the membranous part, attended with perineal fistula, in which I sought the aid professed to be afforded by Dr. Warden, in regard to the actual texture of the altered part, I saw distinctly through a canula of the length of nine inches, and of a calibre corresponding to the catheter No. 9, the seat and character of the stricture, including the vascularity of the tissue affected.

"P. D. HANDYSIDE."

ABSTRACT OF THE ANNUAL STATEMENT OF ACCOUNTS LAID BEFORE THE ANNI- VERSARY MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AT NORWICH.

RECEIPTS.

By Balance of last year's Account	78	5	10½
Subscriptions—1845-6	1712	16	10
Sale of "Transactions" and <i>Journal</i>	76	16	10
	£1867	19	6½

EXPENDITURE.

Branch Expenses	40	13	1
Anniversary Expenses, (1845.)	32	3	0
Printing and Binding "Transactions"	316	14	4½
Plates &c., for ditto; Expenses of trans- mission; Publisher's per centage on copies sold, &c., (Messrs. Sherwood's and Churchill's Accounts.)	84	19	3
Printing the <i>Journal</i> and Stamps	925	12	4
Reports on Medical Relief	5	1	7
To the Secretary	105	0	0
Attendance of Mr. Gosling, Writing, &c.	7	12	5
Postage, Stationary, and Incidental Expenses	21	9	6
Wrong Entry, repaid to the Benevolent Fund	5	2	0
In part payment of the Award to Dr. Green	210	4	6
To Balance in hand	113	7	6
	£1867	19	6½

ANNIVERSARY ARRANGEMENTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I feel called upon to make one or two observations upon a letter in the last number of the *Journal*, signed a *Member of the Council*, as it might be supposed due courtesy and attention were not paid to those gentlemen who favoured us with their company at the recent Anniversary, at Norwich. I do not mean to assert that such is the intention of the writer, but that the general construction of the letter admits of this interpretation. It cannot be too much impressed upon the attention of members of the Association, particularly those who have no local connections in the town where the Anniversary is about to be held, how desirable it is that early communication should be made to the Local Secretaries, whose duty on these occasions is more especially to attend to the comfort of stranger; and, as the local arrangements are fully advertised in the *Journal*, some weeks prior to the meeting, ample facilities are given for each member to signify his wishes and intentions to the Secretaries. Nothing, as your correspondent justly observes, is more chilling, than one's own company at an hotel in a strange city, and on these occasions particularly, it does violence to the fifth rule of the Society. Those gentlemen who favoured us with their wishes, a few days before our recent Anniversary, were placed, as a *member of the*

Council describes, in social communion with each other at the Royal Hotel, and I did myself the pleasure of making their personal acquaintance, the first moment I heard of their arrival; and I am misinformed if they were not satisfied with the arrangements made for their reception. If gentlemen will continue to neglect the suggestions of the Local Committees, in such towns where the Anniversary is held, they alone must be held accountable for the want of that social enjoyment which ought ever to distinguish these re-unions. In conclusion, I venture to suggest, that every gentleman about to attend an anniversary meeting of the Association, should correspond with the Local Secretaries, and should be furnished in reply with the names of those gentlemen who may already have engaged rooms at the different hotels, that he may know which party he would prefer joining; and, above all, that as early as possible, an entry of his name be made in the visitor's book. By attention to these particulars the social character of our meetings would be more fully preserved.

I am, Sir,

Your obedient servant,

GEORGE CHATER.

Norwich, Sept. 17, 1846.

ILLEGAL PRACTICE: PROSECUTIONS BY THE SOCIETY OF APOTHECARIES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In the leading article of your Journal, dated the 9th of September, upon the trial for illegal practice, at the instance of the Society of Apothecaries, you doubt whether that Society has been happy in the selection of such an individual for prosecution, seeing that he is described by his counsel as a gentleman highly competent to practise, and therefore, that the trial and conviction of such a person is without moral effect, and that the powers possessed by that Society would be exercised more beneficially in the conviction of one or more of those chemists and druggists who inflict so much fraud and injury on those who apply to them for medical aid. In answer to which, I beg leave to say that the Society entirely agree in the justice of these remarks, and that they constantly bear in mind what is stated in the preamble of the statute of 1815, to be the object of that statute, and from which statute their authority is derived: "And whereas, much inconvenience has arisen from great numbers of persons in many parts of England and Wales, exercising the functions of an Apothecary, who are wholly ignorant and utterly incompetent to exercise such functions, whereby the health and lives of the community are greatly endangered, and it is become necessary that provision should be made for remedying such evils;" and they are anxious to select such ignorant and incompetent persons for prosecution, but they find it next to impossible to obtain evidence of such malpractice, sufficient to hold out a reasonable prospect of success, for the legally-qualified medical practitioner, upon whose information and assistance against such delinquents the Society depends, directs his complaints (unfortunately for the public,) not against such ignorant

and incompetent persons, but against the successful opponent who excites his jealousy, and who equally trespasses against the law by practising without a license.

My motive for troubling you with this statement is in the hope that some of your numerous readers will take the matter on public grounds, and send information to the Clerk of the Society of Apothecaries (accompanied by sufficient evidence,) of such ignorant illegal practitioners, as I am assured that the greater delinquent would be attended to before the lesser, since I can speak with confidence of the desire of the Society to carry out the spirit of the Act.

I have the honour to be, Sir,

Your obedient servant,

EDWARD WALLACE.

Carshalton, Surrey,

September 15, 1846.

GENERAL MEDICAL ANNUITY FUND.

To the Subscribers to, and others who have promised to aid, the "General Medical Annuity Fund."

Gentlemen,—The cause for which I take up my pen will, I trust, be a sufficient guarantee to free me from the imputation of presumption in thus addressing you.

I imagine you have witnessed, or read the report of, the nature of the reception Mr. Daniell's proposition concerning the "General Medical Annuity Fund," met with at the Anniversary Meeting of the Provincial Association, held last month, at Norwich. You have, probably, observed with surprise and regret, the discordance of this with what took place concerning the same matter at the Sheffield meeting, on a former occasion. You must have perceived, amongst others, two remarkable features in what transpired—one, a fear expressed that this "Annuity Fund" would interfere with the success of the "Benevolent Fund," without any reason for such fear being shewn; another, no less singular, a desire that five years should expire before the adoption of Mr. Daniell's proposition be considered, with no other reason given than that it might be seen if the "Annuity Fund" *did* interfere with the "Benevolent Fund."

In the absence of all fair proof or argument on these two points, the inferences are left to our imagination.

I should lament to find that the *Fund* about which we are immediately interesting ourselves, would interfere with *any other "Fund;"* and I will take this opportunity of suggesting to all who have not already enrolled their names, and who can afford it, at once to send their subscription to Dr. Conolly, of Cheltenham, for the "Benevolent Fund."

I am desirous of avoiding comparison between these two noble institutions; yet, I cannot admit, the "Annuity Fund," *as asserted*, to be a second "Benevolent Fund," the character of relief or assistance from the one, differing so widely from the other. Besides, the one is professed to be purely a charity, upon which the contributors have no special claim; whilst the other will merely return to the fatherless or the widow, that which by the husband or parent has been advanced for the very purpose, if unfortunately needed. The one, as shewn by its last report, gives *temporary assistance*,

(and grateful assistance;) the other will render *permanent aid*.

Neither do I admit, *as asserted*, that we shall not obtain money from the parties whose relatives will derive benefit from Mr. Daniell's scheme. Would to God it were so, for then, in charity, rather than in prudence, we should the more earnestly exert ourselves in this great cause. Let any one learn in what position some of the recipients of the "Benevolent Fund" have stood, and an answer in the negative will unhappily be too frequently given to the correctness of this last *assertion* I have alluded to.

To the "GENERAL MEDICAL ANNUITY FUND" I earnestly invite your most serious attention, a "Fund" now being established, apart from any already formed association; and, if we have any reason to place faith in Mr. Daniell's foresight and sincerity, the *merits* of the cause he has taken in hand must speak loudly for themselves—of a cause which could induce him last month to utter the following language:—

"My heart is in the matter, and while I have life and breath, and am privileged to possess the small measure of capacity which is my own, I will never cease to urge upon you the imperative necessity of some such institution as I have proposed, nor relax one moment in that enthusiastic pursuit of it, which I am proud to say, at every sacrifice, has characterized my conduct during the past year, and which nothing, save God's own interposition, shall arrest."

Our "Annuity Fund" has been refused the home sought for it, and thus far its benevolent and unwearied founder has been thwarted in his grand scheme. But the home he sought for it, be it ever so natural and desirable, is it, I ask you, absolutely necessary to its existence, its growth, or its ultimate success? Rest assured it is not! You may feel certain that Mr. Daniell will secure it a safe and a permanent abode. In effecting this, he may have to tax himself with more labour; he has given us ample assurance he will not shrink from such. He may have to alter or to add to the title or designation; he may have to reconsider the rules; he, very likely, will find it necessary to call a general meeting of the subscribers, to consider these and many other points, especially the government. Forced we are to establish this "Fund" in a somewhat new form. This will, most probably, bring together medical practitioners from a distance; and, although the object may not of itself be scientific, like that of the Provincial Association, there is no reason why it may not become so; and surely a personal acquaintance with our brethren, induced by a benevolent cause, will not tend to render our meeting otherwise than social and contributive to recreation, while it ultimately may be the means of working a salutary influence on the profession and on ourselves.

Gentlemen, if you have not read Mr. Daniell's published *Address*,* I would fain persuade you to do so, and then I ask you, *with all your power*, to join him most cordially in his grand and truly benevolent undertaking. Let us all heartily and zealously unite our efforts with his in securing ultimate success to so excellent a work, so ably commenced. For this we must have "MEANS." I therefore suggest to those who have given a donation, and who can afford it, to

give more. I ask all to make known this "ANNUITY FUND," far and wide, to their medical friends, and induce them to become subscribers. I beseech those who have promised their aid, and have not yet transmitted their subscription or donation, no longer to delay effectually addressing our respected friend and Secretary, Mr. Joseph Staines, of Newport Pagnell. I will not refrain from expressing a hope that this may reach the eye or the ear of a learned and opulent physician who has promised so handsome a donation, and that he will be induced to give his bountiful support *now*. I request all to mention this grand scheme to their more wealthy non-medical friends; many will, as I have proved, find some of these both able and happy to mark their sense and admiration of this "Annuity Fund," for the permanent relief of the *fatherless and the widow* by presenting a donation.

With our united efforts, under the guidance of so energetic, so persevering, and above all, so christian a leader as Mr. Daniell, I feel confident of the ultimate success of our "Annuity Fund."

I am, Gentlemen,

Your obedient servant.

GEORGE KELSON.

Sevenoaks, September 12, 1846.

POOR-LAW MEDICAL APPOINTMENTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Seeing that the Poor-Law Committee of our Association are about to represent to the Secretary of State the abuses which exist in the medical department of the several Unions, I feel it my duty to bring under their notice the following flagrant case.

The medical officer of one of the districts of this Union recently resigned his appointment; I, as well as a very young practitioner in this town, applied for the same. I had been an unsuccessful candidate on three previous occasions, brought with me the recommendation of eight years' successful practice in the place, as well as first-rate testimonials, and have been for several years a considerable rate-payer. My opponent, on the contrary, is residing in lodgings, and has been in practice only six months, but his father is the present Mayor, and a violent political partisan, therefore his son *must have the office*. Accordingly, every kind of undue influence was exercised; leading members of the University, a newspaper editor, and others, exerted themselves to the utmost; and, to crown all, the Mayor, being by virtue of his office an ex-officio Guardian, appeared at the election, and voted for his own son, although, on no former occasion during his year of office, had he attended a single meeting of the Board. The result was, that I was beaten by two votes, although admitted to be the best qualified candidate; and my testimonials, which were forwarded, were never examined, while my opponent produced none. The district contains a population of at least 15,000, half of which at least are paupers; and yet, from political intrigue, a young man, of little experience compared with myself, is thrust upon these poor creatures as their

* This may be procured in London, at Mr. John Churchill's, Princes Street, Soho.

medical attendant, to the exclusion of one of much greater standing.

Ever since the formation of this Union has the election of surgeons been influenced solely by political feeling, to the total exclusion of merit, and the majority of the Guardians have taken office for the accomplishment of such unworthy objects, consequently there has usually been a change of surgeons every twelve or eighteen months. Is it not high time, Mr. Editor, that Boards of Guardians were either constituted of gentlemen, superior to such corrupt feelings, and capable of duly estimating the attainments of candidates, which I affirm in boroughs few of them are, or the power of electing the medical officers removed entirely from them, and vested in the hands of Government, when men of proper qualification and standing could be alone chosen, far better paid for their services, and the sufferings of the sick and injured poor materially alleviated.

I am, Sir,

Your obedient servant,
MEDICUS.

Cambridge, Sept. 15, 1846.

[There is but one effectual remedy for the abuse of which our correspondent complains, and for a multitude of others connected with the administration of medical relief to the poor, and that is the placing of the entire department under the control of competent persons. By competent persons, we mean members of the medical profession, who alone are, and can be, acquainted with the duties required, and at the same time that they are officially responsible to the Government, will also be responsible in the professional estimation of their medical brethren for the manner these duties are discharged by them.]

WATER-BEDS IN PAUPER LUNATIC ASYLUMS.

The medical officers of the Lunatic Asylum for the county of Lancaster, which contains between *six* and *seven hundred* inmates, have published a short but very excellent report of that establishment for the last year, wherein we find it stated, that "the most beneficial results have arisen from the use of the water-bed, which has now been adopted for the last two or three years, and by its agency, a large amount of suffering has been obviated, more especially in the case of bed-ridden patients, where there has been a strong tendency to sloughing, or sores on the back." It is well that medical superintendents, and others concerned with similar establishments, should have their attention turned to the propriety of providing the water-bed—a most valuable appendage—for which the inventor has never received sufficient honour from the public, and none from the Government.

The same report contains a tabular view of the proportion of insane paupers to the whole population of the county of Lancaster, from which it appears that there are 1331 lunatics, or one in every 1252 inhabitants. Of the 1331 pauper lunatics thus recognized, 675 are in asylums, and 656 in other situations.

The following extract from this report is also deserving of consideration:—

"It is to be regretted, that at a time when the amount of accommodation for the insane poor of this county is so very limited, a large proportion of persons suffering from mere imbecility of mind should be forwarded for admission. Such individuals remain from infancy to death in a state of harmless quietude; and although none of the higher mental faculties have been developed, yet the instinctive attachments are strong, and they are capable of appreciating the fostering care of relations, and of feeling acutely a separation from home and friends. To remove such parties, and to place them in confinement, must at all times be an act of doubtful expediency; but at the present period, when others, by their admission, are prevented from deriving that benefit which the asylum was destined to afford, there can be no hesitation as to the course most desirable to be pursued."

PATENT MEDICINES.

It is a popular error to suppose that the quack nostrums, so abundant in the present day, are in any way protected by Royal Letters Patent, or, indeed, enjoy any protection at all. It is a fact that *not one* of the so-called "Patent" medicines in present vogue is protected by patent. The only protection (and this is too much,) which the state affords to Morrison, Holloway, and Co., is the red stamp round the box or bottle, for which three half-pence are paid, and which serves merely to protect the name of the proprietor, without having any reference to the contents of the box or bottle. This pseudo-protection, however, which in reality amounts to nothing at all, gives to the quack an excellent plea to boast that he and his delectable compounds are under the special care of government authority; and a great parade is made about "Honourable Commissioners of Stamps and Taxes,"—"red stamp," to imitate which is felony, and, it might be added, the penalty for which is the same as for taking the physic—death.—*Patent Journal*.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, September 10th:—Wm. Forster Potherby, Sheffield; Richard Lowe Webb, London; William Edward Wright; Gordon Kenmure Hardie; George Burnside Bryden, Kirkby Stephen; William Hanks Day, Norwich.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Members of the Association having suggestions to make for the improvement of the publications of the Association, are requested to communicate with Mr. Bree, the Secretary of the Committee appointed at Norwich to consider this subject.

ERRATA.

In the heading of Dr. Roberts' paper, p. 441, col. 2, l. 19, for "INGUINAL" read "STRANGULATED:" p. 442, col. 1, l. 11, for "INGUINAL" read "FEMORAL."

THE QUEEN'S COLLEGE, BIRMINGHAM.

(INCORPORATED BY ROYAL CHARTER.)

SESSION 1846-47.

THE system of study pursued at this College constitutes a complete course of Collegiate, Medical, and Surgical Education. The Lectures qualify for the B.A., M.A., M.B., and M.D. degrees at the University of London, and for the diplomas of the Royal College of Surgeons of England and Society of Apothecaries, without any residence elsewhere.

The SESSION will be OPENED on THURSDAY, October the 1st, at One o'clock, when an Address will be delivered to the Students, by the Rev. and Worshipful Chancellor LAW, the Vice Principal.

GENERAL LITERATURE AND SCIENCE.

Latin and Greek.—The Rev. G. Richards, Pembroke College, Oxon., Resident Classical Tutor.
Mathematics and Natural and Experimental Philosophy.—The Rev. J. Taylor, St. John's College, Cambridge, Resident Mathematical Tutor.
Botany, Materia Medica, and Chemistry.—The Resident Medical Tutor.
German.—J. Mayland, B.A., Colmore Row.
French.—J. O. Flanagan, Great Charles Street.
Drawing.—Charles Docker, Great Hampton Street.

THEOLOGY.

Theology and Moral Philosophy.—The Rev. G. Richards and the Rev. G. Taylor.
The above courses are delivered in the College Halls.

MEDICINE AND SURGERY.

General and Surgical Anatomy.—William Sands, Cox, F.R.S., Temple Row, Senior Surgeon of the Queen's Hospital.
Descriptive Anatomy and Physiology.—Langston Parker, F.R.M.C.S., Colmore Row, Surgeon of the Queen's Hospital.
Practical Anatomy.—David Bolton, M.R.C.S., Bath Row.
Materia Medica and Therapeutics.—James Johnstone, M.D., F.R.C.P., Old Square, Senior Physician of the General Hospital; and G. B. Knowles, F.L.S., St. Paul's Square, Surgeon of the Queen's Hospital.
Chemistry.—J. G. Tilley, College, Member of the Chemical Society of London.
Medicine.—John Eccles, M.D., Newhall Street, Physician to the General Hospital.
Surgery.—William Sands Cox, F.R.S., Temple Row, Senior Surgeon of the Queen's Hospital.
Ophthalmic Surgery.—Richard Middlemore, F.R.C.S., Temple Row.
Midwifery.—Samuel Berry, M.R.C.S., Newhall Street, Surgeon of the Town Infirmary and Magdalen Asylum.
Forensic Medicine.—John Birt Davies, M.D., Newhall Street, Senior Physician of the Queen's Hospital.
Botany.—G. B. Knowles, F.L.S., Surgeon of the Queen's Hospital.
Hygiene.—John E. Melson, M.D., F.C.P.S., Newhall Street, Physician of the Queen's Hospital.
Clinical Medicine and Surgery.—Professors Johnstone, Eccles, Davies, Melson, Cox, Knowles, and Parker.
The above Courses are delivered in the Theatre of the College.

RESIDENT STUDENTS.

FIVE YEARS' STUDY.

On the payment of 350 guineas, rooms, commons, &c., will be provided during a period of five years; together with indentures of apprenticeship where required, and instruction in Moral Duties and the Principles of Religion, in Classics and Mathematics, in the Modern Languages, in Surgery and Medicine, and Hospital Practice.

The above payment may be made by four instalments, &c., viz., 100 guineas on matriculation and the execution of the indentures, 100 guineas the following year, 100 guineas the third year, and 50 guineas the fourth year.

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The fees necessary to be paid for the course of study required by the regulations of the Royal College of Surgeons of England and the Society of Apothecaries, amount to £42 (exclusive of the Matriculation Fees and Hospital Practice.) The payment may be made in two equal sums—viz., £21 on the 1st of October, and £21 on the 1st of January.

College Residence, under the immediate supervision of the resident Classical Tutor and Chaplain of the College, the resident Mathematical Tutor and Chaplain of the Hospital, and the resident Medical Tutor, including commons, chamber rent, coals and candles, servant's wages, &c., will not exceed in expenses £48 for the two Sessions. The Students breakfast in hall at seven a.m.; dine at two p.m.; have coffee at seven p.m.; and refreshment at nine p.m. The payments may be made by three instalments—viz., £18 on the 1st of October; £18 on the 1st of January; and £12 on the 1st of May.

NON-RESIDENT STUDENTS.

Non-Resident Students are admissible to both departments; such Students to pay the annual matriculation fee, and the usual charges for tuition in such classes as they attend.

Non-Resident Students may be admitted to the Medical Department only on the payment of a matriculation fee annually, and the composition fee to all the Lectures. Such sum to be paid by two instalments, namely—the first moiety on the matriculation, and the second moiety at the commencement of the second division of the Winter Session.

Students requiring only a limited course can make special entries for Lectures or Practice as heretofore.

THE QUEEN'S HOSPITAL.

DAILY AT NINE O'CLOCK.

Students who have compounded for Lectures, perpetual, £21. One year's attendance, £10 10s.

The Clinical Clerks and Surgeon's Dressers will be selected, according to the laws and regulations of the Hospital, from the Students, without any additional fees.

It will become necessary that those who wish to become Resident Students should make an early application, as only a limited number of rooms has been provided.

Application to be made for any further information which may be required, whether as to the details of the study in each year, the rooms, the dietary, the lectures, scholarships, prizes, the hospital practice, or any other matters regarding the general system, or the working of the several departments of the College, to the respective Professors.

Dr. Birt Davies, the Honorary Treasurer, 25, Newhall Street, is authorised to receive all fees from students.

WILLIAM SANDS COX, Dean of the Faculty.

ADVERTISEMENTS.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

THE SESSION, 1846-47, will commence on **THURSDAY, October 1st,** with an **INTRODUCTORY ADDRESS** by **SIR BENJAMIN BRODIE, Bart.,** at half-past One o'clock.

Descriptive and Surgical Anatomy—Mr. Prescott Hewett.

Physiology and General Anatomy—Dr. Handfield Jones.

Practical Anatomy—Dr. H. Jones and Mr. Athol Johnson.

Chemistry—Mr. Brande, F.R.S.

Materia Medica—Dr. Pitman.

Medicine—Dr. Nairne and Dr. Page.

Surgery—Mr. Cæsar Hawkins and Mr. Tatum.

Midwifery—Dr. Robert Lee, F.R.S.

Medical Jurisprudence—Dr. Bence Jones, F.R.S., and Mr. H. C. Johnson.

Botany—Mr. Henfrey, F.L.S.

Practical Pharmacy—Mr. J. Hammerton.

SIR BENJAMIN BRODIE will deliver, during the Winter Session, a Course of Lectures on some important points in Surgery, gratuitously, to the Pupils of the Hospital.

Clinical Lectures are given during the Winter and Summer Sessions.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, Examinations will be held for two Scholarships, of the value, respectively, of £40 and £20 per annum, each tenable for two years. At the same time, Examinations of all the classes for Prizes and Certificates of Merit will take place, when also Prizes given by Sir Benjamin Brodie and Dr. Chambers for the best Clinical Reports, will be awarded.

Some of the Lecturers and other gentlemen connected with the Hospital receive Students to reside with them.

Further information may be obtained from any of the Lecturers, on application at the Anatomical Theatre, Kinnerton Street, Wilton Place, and at the Royal Institution, Albemarle Street; or from the Apothecary of the Hospital, who is authorized to enter the names of Students.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

THE SESSION will commence on **THURSDAY, October 1st, 1846,** with an **INTRODUCTORY LECTURE,** by **DR. G. E. DAY,** at Two o'clock.

Surgery—J. M. Arnott, F.R.S., and Mr. Shaw, at 9 a.m.

Physiology—Erasinus Wilson, F.R.S., at 9 a.m.

Midwifery—Charles West, M.D., at 10 a.m.

Chemistry—Edmund Ronalds, Ph.D., at 10, a.m.

Medicine—Mervyn, A. U. Crawford, M.D., at 11 a.m.

Materia Medica—Dr. G. E. Day, M.A., Cantab., at 11 a.m.

Hospital Practice—From 12 to half-past 2 p.m.

ALDERSGATE SCHOOL OF MEDICINE, 58,

Aldersgate Street.—The **WINTER SESSION** will commence on **THURSDAY, the 1st of October, 1846,** with an **INTRODUCTORY ADDRESS** by **DR. GARROD,** at Four o'clock, p.m. A **CONVERSAZIONE** will also be held at Mr. SMEE'S, 7, Finsbury Circus, at Eight o'clock the same evening, when the Prizes will be distributed to those Students who distinguished themselves during the last Session.

Anatomy and Physiology—Mr. Holthouse.

Practical Anatomy—Mr. Chance.

Medicine—Dr. Aldis and Dr. Grant.

Surgery—Mr. Smee.

Midwifery—Dr. Sewell.

Chemistry—Mr. Ronalds.

Materia Medica—Dr. Garrod.

SUMMER SESSION, 1847.

Botany—Dr. Airlidge.

Forensic Medicine—Dr. Snow.

Midwifery—Dr. Sewell.

Comparative Anatomy—Dr. Rayner and Mr. Pittard.

The Practice of the Lecturers at the several Public Institutions to which they are attached, is open free to the students, and some of the Lecturers receive Pupils to reside with them. General Fee to all the Lectures and Hospital Practice required by the Royal College of Surgeons, and Society of Apothecaries, 55 guineas, or to the Lectures singly, 30 guineas. Any further particulars may be obtained on application to the Secretary at the School.

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SUMMER SESSION, 1847.

Forensic Medicine—Robert G. Latham, M.D.

Botany—Arthur Henfrey, F.L.S.

Diseases of Children—Charles West, M.D.

Application of Chemistry and the Microscope to Physiology and Pathology—Dr. G. E. Day.

Comparative Anatomy—

Prizes are publicly awarded at the termination of the Winter Session.

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The Hospital contains 250 beds, and there were admitted during the year, 2322 in-patients and 10,414 out-patients.

The Dressers are selected by the Surgeons from the Pupils without additional fee. The Senior Dressers, in turns, board and reside in the Hospital free of expense. The House Surgeon is elected half-yearly from the Senior Dressers, and boards and resides in the Hospital free of Expense.—Clinical instruction regularly given.

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Assistant-Surgeon—Mr. De Morgan.

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Dental Surgery—Mr. Tomes.

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WEDNESDAY, SEPTEMBER 23, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY

ROBERT J. N. STREETEN, M.D.

1846.
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EXETER HALL, SEPTEMBER 24TH.

MR. POWER and **Dr. POWER** will continue their COURSES OF LECTURES and EXAMINATIONS, adapted to gentlemen preparing for the Colleges of Physicians and Surgeons, Apothecaries' Hall, University of London, and other Medical Boards, during the ensuing session. Enquire at the Lecture Room, Exeter Hall, Strand; or at 40, Nelson Square; or 3, Highgate Rise.

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THEATRE OF ANATOMY AND MEDICINE, No. 1, GROSVENOR PLACE, adjoining ST. GEORGE'S HOSPITAL—SESSION 1846-47.

Introductory Address—Dr. Theophilus Thompson, F.R.S., Oct. 1, half-past Two.

Anatomy and Physiology—Mr. Lane, Dr. W. V. Pettigrew, and Mr. G. E. Blenkins.

Descriptive and Practical Anatomy—Dr. W. V. Pettigrew and Mr. G. E. Blenkins.

Prosectors and Anatomical Tutors—Mr. Hatchard and Mr. Croft.

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"We are indebted to Mr. Addison for the discovery of an immense number of 'colourless globules' observable in the clear colourless fluid at the top of coagulating blood. In some blood taken in pleuritis I found the number of such 'globules' prodigious."—*Dr. Martin Barry, Paper in the Philosophical Transactions, Part I., 1842.*

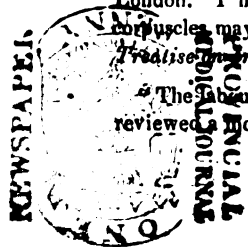
"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Soho.
Worcester: DEIGHTON, High Street.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A DESCRIPTION OF AN INSTRUMENT FOR THE REDUCTION OF DISLOCATIONS OF THE HIP-JOINT, WITH A REPORT OF TWO SUCCESSFUL CASES.

By JOHN CHRISTOPHER DAVIE, Esq., Surgeon,
Haddenham.

Communicated to the Anniversary Meeting of the
Provincial Medical and Surgical Association, held
at Norwich, August 19th, 1846.

The manner in which my attention has been drawn to the present subject, originated from having witnessed several dislocations of the hip-joint unreduced, though the most rigorous and persevering means were resorted to, which had been suggested by the late Sir Astley Cooper, in his ever memorable work on dislocations and fractures of joints. I trust that it will not be considered arrogant or presumptuous on the part of an humble individual, like myself, almost excluded from the active scenes of a most useful and philanthropic calling, to review this important part of the labours of so great a man, who has done much in establishing the principles of surgery, and in raising it to its present high standard of perfection, many of whose doctrines will be handed down as legacies to posterity. It is far from my intention to utter anything disparaging or derogatory (were I enabled to do so,) to that lamented benefactor, for whose memory I have too much honour and respect. Nevertheless, a suggestion or introduction of any new plan, founded upon rational principles, for the relief of suffering humanity, from whatever source it may emanate, has strong claims upon the consideration of those engaged in like pursuits.

In the early part of my professional career, when a pupil of the Gloucester Infirmary, I witnessed two cases of dislocation of the hip-joint, where the usual therapeutics had failed, and I could not account for such disasters but from deficiency in the mechanical means employed. The first was a dislocation upwards and backwards into the ischiatic notch, the patient having undergone five different attempts at reduction; the second, a dislocation forwards upon the os pubis, submitted to three different extensions. The antiphlogistic treatment in both cases had been most strenuously enjoined, and the time occupied between each operation nine or ten days, to allow the swelling and shock which the system had sustained to subside. On the part of the surgeons, Messrs. Fletcher, sen., and Cother, (who were the surgeons of this institution at that time,) the greatest boldness and intrepidity combined with judgment were exercised, and in candour

and justice to those gentlemen, I must say, success ought to have crowned their efforts; yet withal, they were completely frustrated.

Afterwards, when a student of St. Bartholomew's Hospital, in October 1826, I witnessed a case of dislocation downwards into the foramen ovale, under the care of the late Mr. Earle. In this instance the result was more fortunate. The head of the bone was firmly fixed in its new situation, rendering rotation and mobility extremely difficult. Extension was made downwards. One grain of tartarized antimony in solution was given, and repeated every ten or fifteen minutes, which produced excessive nausea. The individual was under the force of pulleys between forty and fifty minutes, with occasional intervals. The appendages at the knee could not withstand the extending force, and required frequent re-adjustment. At this stage of the proceedings he was bled from the arm, and when approaching to a state of syncope, the affected limb being widely separated, was drawn across its fellow, and the disarticulated bone was immediately returned to the cotyloid cavity. I could not attribute this favourable termination to anything superior in the various manipulations and medicaments exhibited, to those used in the preceding instances; they were indeed open to the most palpable criticism, particularly the single pad slipping over the knee. It would ill become me to make any severe remark on one who is no more, respecting the *modus operandi*, which upon the occasion referred to, effected all that was required. Suffice it to say, that if I had the management of a luxation of the head of the femur downwards into the thyroid foramen, I should enforce extension upwards and somewhat outwards, which appears to me to be the most judicious.

I have had of late frequent opportunities of examining an old neglected accident of this kind, which has strengthened my opinion. In cases of dislocation generally, it is a matter of much moment to move the head of the bone from its new location, and it is no uncommon circumstance, though a wrong direction be given in the extension, for the adducted muscles to draw it into its pristine situation. I could enumerate many such instances which have come within my notice.

The objections to the remedial appliances, which are most frequently used in the displacement of the hip-joint, especially those necessitating extension downwards, appear to be the following,—1st, the pelvis is not made a complete fixture; 2nd, the single pad, just above the knee, buckled or tied by tapes, cannot withstand the force of pulleys; and, 3rd, in making the extension the hand is liable to fatigue, and it is

impossible to effect it in the same gradual and precise manner as by the means I have resorted to, and which I doubt not will be acknowledged by all competent authorities, to be the most eligible for the well-being of the patient.

In the treatment of this accident, where there is so much muscular power to contend against, for the extension to be rendered efficient, the pelvis should be immovably fixed to some unyielding substance, and it is equally important that the apparatus above the knee, to which one of the pulleys is attached, should retain its hold. I will, therefore, endeavour to exemplify the surgical mechanism I have employed, and which I think will supersede those in ordinary use.

In the first place the operator should have at his command a plank or planks of oak, beech, or elm, eight feet in length, three feet in width, and three inches in thickness, which should rest upon chairs, or upon tressels. If composed of two boards, they should be joined together by joists. Whatever position the patient is placed in, holes should be drilled in opposite directions, so that the ilia and unaffected thigh may be environed by two strong leather straps; cloths of any soft texture should be applied next the skin to prevent fretting, thus rendering the pelvis a complete fixture, enabling the effective means, the extension and uplifting the head of the femur to be used with the greatest advantage. 2nd. In cases of dislocation upwards on the dorsum ilii, upwards and backwards into the ischiatic notch, and forwards on the body of the os pubis; to obviate the inconvenience of frequent re-adjustment, and much grievous annoyance, instead of the single pad above the knee, I have substituted two iron plates, fashioned to the configuration of the lower part of the thigh, just above the condyles, moveable by a joint, and on the other side fastened by two thumb-screws. That portion of the under plate which approaches the leg, should be turned back, in order to avoid the disagreeable consequences of pressure, the soft parts being previously protected by a wetted cloth, the leg bent, and held by an assistant, which serves to keep the instrument in juxta-position, as well as to produce flaccidity of the muscles. This metallic implement might be padded with wool, covered by wash-leather, at the discretion of the surgeon; for my own part I prefer it in the rough state. 3rd. At the distal extremity of the board, an upright post is fixed, twenty inches in height, and from three to four inches in thickness, through which there is a central hole for the pulley-rope to pass, and another laterally for a stick or windlass, which may be worked with cogs, or by a roller and ratchet wheel. One of the pulleys is attached to a hook in the front plate, and the other to a staple in the upright post. The cord of the pulleys must be tensely drawn, and the extension then commenced, which can be made in the most gradual manner. In the following cases which came under my immediate cognizance, I successfully employed the apparatus described:—

CASE I.

Robert Harding, aged 20, an athletic muscular young man, in the occupation of cow-man, at Dunley Farm, in the parish of Grittleton, Wilts, March 5th, 1832, was knocked down with considerable violence, whilst attempting to separate two cows from fighting, and was unable to rise from the ground. His master

immediately dispatched a messenger for me, and I hastened to the scene of accident as speedily as possible. He was in great pain about the right hip-joint, and lying upon the opposite side, dreading the slightest movement. Upon comparing the length of limbs in the erect posture, the right was from half an inch to an inch shorter than its fellow; the head of the thigh bone could be felt resting below the posterior inferior spinous process of the ilium, and upon the spinous process of the ischium, firmly locked; rotation could not be performed without much force; knee and foot turned inwards, the toes resting on the ground, and the heel elevated. He was submitted to the usual mode of treatment, being placed upon a flock-bed, a sheet passed beneath the perineum and fastened to a post; the lower part of the thigh was protected by a wetted cloth twisted round; the single pad in this situation was applied, and temporarily retained by tapes, to which one of the pulleys was connected by a ring in its front part, and the other to a staple in the wall; the limb was brought mid-way across the other, and extension commenced. One grain of tartarized antimony in solution was given every ten minutes. After he had been under the application of pulleys for an hour, he was bled very freely from the arm, but in consequence of the inefficiency of the extending power, the pad continually slipping over the knee, further attempts to remedy this accident were discontinued.

When I reached home I sent for an ingenious mechanic, who put my views into a systematic arrangement. During the intermediate time, cold evaporating lotions were ordered to the seat of injury, saline and antimonial aperients daily given, and he subsisted wholly upon slops, with a little bread crumbled in. At that time I was residing at Shorstone, on the borders of Wiltshire.

On the fourth day, (March 9th,) all things being in readiness, Messrs. Wickham, of Didmarton, and Marshall, late of Tetbury, Gloucestershire, were invited to witness the proceedings, and kindly lent their assistance. The patient was removed from a warm bath, placed upon a board on the left side, and the pelvis fixed; the metallic instrument was adjusted a little above the knee, the soft parts being previously protected by a wetted cloth; one of the pulleys was attached to a ring in the front part of the anterior plate, and the other to an upright post towards the end of the board, which corresponded with the long axis of the affected member; the thigh was brought across the middle of the other; the leg semi-flexed, and retained in position by an assistant; the pulley ropes were tensely drawn; extension commenced in a very slow and gradual manner, and after it had been kept up one minute, the return of the head of the femur to the acetabulum was heard by all in the room. The joint had assumed its natural appearance; the extremity moveable, and of the same length as the opposite. A bandage was placed across the ilia, immediately over each hip-joint, the knees were held together, and the individual carefully removed to bed. The case progressed in a very favourable manner, without any untoward symptoms, and he resumed his avocations in the space of three weeks.

CASE II.

James Fielder, aged 32, July 7th, 1845, a carpenter,

of middle stature, in the employ of the contractors of the Ely railway, was sitting on the tender of a steam-carriage, immediately behind a waggon which it was propelling; the tail board of the latter vehicle flew open, came in violent contact with the right knee, and forced the head of the femur out of its socket. Mr. Pearson, of Ely, was called in attendance, and tried the usual means without the desired effect. Late in the evening he requested my assistance for the next day, July 8th. I repaired to the spot, taking with me the iron plates already alluded to. I stated many of the difficulties individuals whom I had been associated with had experienced in the treatment of this accident, and the success which had attended my own practice some years ago. This gentleman coincided with my views, and being supplied with the necessary material, the other appendages were readily constructed. Examining the patient in the erect attitude, the affected limb was half an inch, or more, shorter than opposite; the knee and foot turned inwards; the trochanter major was more distant from the anterior superior spinous process of the ilium, and could be distinctly felt between the posterior inferior spinous process of the ilium, and the spinous process of the ischium. Rotation was attended with much pain, but there was greater mobility than in the preceding cases. The treatment was the same as in the last, commencing at the onset with two grains of tartarized antimony in solution. After the extension had been kept up about ten minutes, with occasional intermissions during pain, the head of the femur was heard to return to its wonted situation by the majority of persons in the room. I was afterwards informed that no unpleasant consequences followed, and he was enabled to resume his occupation in the course of a few weeks.

The joint belonging to the iron plates was proposed to me by a mechanic, who witnessed the proceedings of this case, which I consider adds to its convenience: hitherto this instrument had been fastened by two thumb screws on each side.

During the time I have been committing these observations to paper, a gentleman, endowed with much mechanical genius, viewing the latter appendage, made a very useful proposition. Instead of commencing the extension from a ring in the front plate, he recommended the addition of two strongholds or holes on each side, for a cord to be fastened and hitched to the pulley, which would render the force much more gradual and manageable.

As a general rule, I consider the line of direction in the reduction of the several dislocations of the hip-joint, laid down by the late Sir Astley Cooper, the best that can possibly be devised, no doubt occasionally requiring modification, as the head of the bone is not at all times so favorably located, being locked to some bony process, which tact and experience will readily dictate. The metallic implement for the attachment of one of the pulleys, will be found to be of eminent advantage in the re-adjustment of accidents of this kind, where the extension is required to be made downwards and outwards. I have nothing to add to the ordinary remedial agents employed in the displacement of the head of the femur downwards into the thyroid foramen, except that, in a recent case, where the articulating extremity of the bone cannot be moved from its new situation by uplifting it, and, at

the same time, making a lever of it, by carrying the affected member over its fellow, the same means can be tried more efficiently by having the pelvis fastened to the board, and, if the head of the bone cannot be raised by the efforts of the surgeon and assistants, extension upwards with the pulleys attached to a strap around the top of the thigh, approaching to a transverse line, would be effectually accomplished by having the upright post fixed at a convenient angle. The legs of the board and upright post or pillar might be made with screws, so that they can be removed as circumstances require.

Should this apparatus be approved by the surgeons of general hospitals, each institution ought to be provided with three or four pairs of the metallic plates of different sizes, that the instrument may be readily adjusted. To general practitioners, who are situated at too great a distance from an hospital, I would recommend each gentleman to have in his possession leather straps, a compound pulley, a pair of iron plates for middle stature, (two or three different sizes would be better,) and an upright post or pillar, which I will describe. Having these requisites at hand, the table or planks will be readily procured. The pillar is twenty inches in height from the rest, and three inches and a half in thickness, with a screw from five to seven inches long. At the base of the pillar is a flat piece of wood, which I have termed the rest, and a large wooden nut, moveable by two handles, the screw passing through the rest, a table or board, and the nut, by means of which the pillar is rendered a complete fixture. At the upper part is a mortise for the admission of a roller, moveable by a spindle and crank, the former acting upon an iron plate on each side of the post, passing through the centre of a ratchet wheel, and retained there by a small iron nut. In order to render traction continuous, there is a hole in the roller for one end of the pulley rope to pass through, which is fastened by a knot at its extreme point. A little below the mortise a metallic eye is fixed for the attachment of one of the pulleys. Gyration is regulated by the ratchet wheel, click, and spring. By depressing the click, retrocession and relaxation can be momentarily produced. Extension may be thus enforced to any degree, being completely under the control of the operator, and can be performed as rapidly, or slowly, as the circumstances of the case demand.

Before the special treatment is commenced in a strong athletic subject, or in displacement of long standing, the preparatory and accessory measures, I am convinced, are of the greatest moment,—viz., the warm bath, depletion, and nauseating doses of tartarized antimony, as tending to exhaust the muscles, checking undue reaction, and other perilous consequences, but the re-adaptation can only be looked for from the skilful ingenuity of the surgeon.

Diffidence is the only assignable excuse I can offer to the profession, for not having endeavoured to attract their attention to these remedial appliances before. Years have now rolled away, while the subject has been more or less thought of by me, which has only strengthened my impressions of their intrinsic value.

The greatest honour the healing art can have imparted to it is that of having alleviated the ills and pains of our fellow-creatures, and those who have witnessed the almost unbearable suffering of individuals

exposed to the ordinary treatment of this accident, I feel assured will agree with me, that the principles of treatment have not been sufficiently matured. I cannot imagine, if the surgical mechanism be well organized, that in the treatment of cases of this kind, the animal powers of man, under any circumstances, can withstand the immense power of pulleys, more particularly under the discipline of a well regulated hand. These matters should be properly digested, for if unsuccessful in our efforts, the injured party is a living memento of the uncertainty of our calling, as permanent crippling is the sure and inevitable result.

[The apparatus, and mode of applying it, were exhibited by Mr. Davie in an adjacent room, as well as an ingenious model of the apparatus in operation.]

OBSERVATIONS ON THE USE OF IRON IN DISEASES OF THE HEART.

By ROBERT HUTCHINSON POWELL, M.D., Tunbridge Wells.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In compliance with your wish,—“to learn the result of my experience on the use of the chalybeate in diseased conditions of the heart,”—I proceed briefly to make a few observations. The effects of iron in functional and structural lesions of the central organ of the circulation, may be stated conjointly, to avoid unnecessary length.

It may be questioned if our increased attention to physical diagnosis at the present day, be not in some measure pursued with a too exclusive bias, to the neglect, or inadequate appreciation, of those subtle elements of disease, collected from a more comprehensive view of the animal economy. Re-action ever leads to erroneous conclusions, if carried beyond its legitimate boundary. Of vital manifestations, the evolution of *power*, whether evinced in thought or action, is a subject of primary importance to the physician; as amid the numerous aberrations of our frame, this element of life,—whether *plus* or *minus*,—must always assume the most prominent position in all measures calculated to ward off a fatal result. If any *physical* element of the system deserves to be considered *alive*, the blood may well be deemed so, whether we view it relatively to the order of its appearance in point of time or reason. It alone pervades all structures;—through its influence disease becomes palpable;—by it, for the most part, must the nervous power be elicited to sustain life when ebbing. The relation, according to Baron Liebig, which the iron of the red blood-disks holds to the vital air inspired at every breath, places it only second in importance to the oxygen with which the metal is united in the circulating fluid, and at once suggests an obvious mode of restoring it to its normal standard, thereby again placing the organs severally in that harmonious relation by which health is maintained. Premising these few remarks, and bearing in mind the inferences flowing from them, the indications in cardiac diseases amenable to chalybeates,—which are such as prior to experience would be anticipated—may be concisely stated.

When the blood has become impoverished, the heart's texture attenuated, with manifest debility of the system at large, my observation would decidedly lead to the administration of chalybeates, whether nosologists might term the disease functional or structural.

Of *functional* or *nervous* affections of the heart, the forms in which I have found iron beneficial, are as follow:—

Palpitation, especially if sympathetic of dyspepsia, uterine derangements, hysterical or other nervous maladies, and when manifestly attended with the anæmic state, arising in persons of a lymphatic or nervous temperament, and relaxed habit. Tendency to syncope, with much precordial anxiety, to be attributed to deficient energy, referrible to a generally depressed condition of the nervous system, in which the heart participates in common with other parts of the system, to impoverished blood, or to sympathy with associated organs; the anæmic state being likewise well marked. Angina pectoris, when apparently not arising from, or connected with, structural alteration; or, if thus associated, partaking of a passive character.

Amongst the class of *structural* diseases, I may mention passive dilatation, with a normal or attenuated state of the parietes, or with predominance of dilatation over hypertrophy,—more immediately indicated by quick and clear cardiac sounds; and dropsical affections consecutive to this disease, attended with leaden or pallid and tumid countenance, paroxysms of orthopnoea or syncope, and copious expectoration.

In all these diseased conditions of the heart, chalybeates exert a very happy action; but I feel more disposed to use artificial preparations of iron in passive enlargement of the heart, repletion of the vascular system being liable to ensue from the chalybeate water. The general powers of the system unquestionably demand primary attention. In these cases, however, particular indications may require modified or collateral treatment, and I have never regretted the exhibition of iron, in conjunction, of course, with the influence of a bracing dry atmosphere, &c. As the eminent founder of our Association has well remarked, the most judicious course to pursue will be to support the function of innervation, (which invariably suffers, and often to an alarming extent,) by improving the quality of the blood. Of two evils, I am disposed to consider mechanical lesion of less moment than direct loss of power in the muscular walls of the heart, whence the prostration of the system more immediately proceeds. Indeed, it is a subject of significant import, to observe with what tenacity life will cling to an individual whose heart may have undergone extensive and irreparable injury, provided his impoverished blood admits of re-construction, and the general powers be duly maintained.

In no department of therapeutics is there greater occasion for sound physiological views of the animal economy, *as a whole*, than in cardiac affections, in which the nicest discrimination may be required to decide where lowering the system must be abandoned, and tonic treatment had recourse to; but I believe the former plan has often been productive of fatal consequences, especially in a cachectic habit of body, from inadvertent or partial observation leading to *routine* practice. I have used iron with decided advantage in

those cardiac affections above briefly sketched, conjoined occasionally with mercury, iodine, colchicum, &c., when seemingly indicated. The intimate relation obtaining between the circulating and nervous systems, at once serves to denote the mode of production of neuralgic affections of the heart, and to indicate suitable treatment, where disorder co-exists in both.

In the cardiac affections here cursorily mentioned, the digestive organs require particular attention, from the close sympathy existing between the heart and alimentary tract, and their juxtaposition. Indeed, the difficulty of referring the symptoms to their primary source, especially when those affections assume a nervous character, is so considerable as frequently to lead to erroneous conclusions,—a well-known occurrence in palpitations attended with dyspeptic symptoms. Here lies a formidable barrier at the very threshold, as the objects sought for—re-construction of the circulating fluid, and power to the system—must be brought about through the alimentary canal, which is too often in a condition but little tolerant of ordinary restoratives. I consider the chalybeate water very appropriate in such cases, as from its containing iron in minute doses, and in the most active form, together with the calming effects of the carbonic-acid gas, and low temperature of the menstrium, the spa exerts a very salutary operation, with little or no irritation; but the collateral advantages of an invigorating atmosphere, suitable and hygienic measures, &c., should, of course, enter largely into our computations, when estimating the amount of benefit to be derived from any single remedy.

The influence of *malaria* in producing neuralgic disorders, rheumatism, and associated cardiac disease, by originating a deteriorated condition of the blood, and a depraved habit, offers a wide and most interesting field for investigation; but neither my personal experience nor limits will admit of detailed remark. Hoping, at a future period, to give a less imperfect sketch of the effects of iron in cardiac affections, the result of more extended observation,

I remain, Sir,

Very obediently yours,

ROBERT HUTCHINSON POWELL.

Tunbridge Wells, Sept. 21, 1846.

CASE OF HYDATIDS OF THE KIDNEYS.

By W. WARD, Esq., F.R.C.S., Huntingdon.

(Communicated to the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Norwich, August 19th, 1846.)

April, 1846. John Maile, of St. Ives, labourer, aged 50, has for the last thirty years been subject at times to obstruction in his urine, and to the passage of substances from his bladder, occurring at intervals of about three years. Nine weeks ago the attack commenced again, with pain in the lower part of the body and loins, and right lateral region more especially. He has then a frequent inclination to make water. After a time, however, there is a difficulty in passing it, and at last nearly total retention; this continues for a time, when the bladder becoming distended, there is a sudden gush of water accompanied by the substances above

mentioned. Upon examining these, some of which are here produced, they were at once seen to be the debris of large hydatids, with also numerous smaller ones entire; some of these latter were of the size of peas, and the remains of the former indicate that when entire they must have measured an inch or more in diameter; the broken cysts were semi-opaque, of considerable thickness and tenacity, and of a beautiful pearly or opaline lustre. Upon passing urine in our presence, no large hydatids or shreds were passed, but the urine had a cloudy appearance; it was found to be acid. Under the microscope it was seen to abound in minute globular bodies, to which, in some instances, others were seen adhering at their sides; these were, undoubtedly, young hydatids. A slight deposit was thrown down by heat and nitric acid, but not in the manner of albumen. There can be no doubt but that the hydatids came from the kidney, and probably from the right one.

In the periods intervening between the attacks the urine is stated to be sometimes thick, with some slight inconvenience in passing it occasionally; but he is able to continue at his usual employment. During the attacks the health is slightly disturbed. These cases seem to be of very great rarity. In the *Medico-Chirurgical Review* for October, 1834, a case is related from the *Liverpool Medical Journal*, in the practice of Dr. Duncan, where hydatids of large dimensions were passed, and in which case also the right side was the one most affected. Dr. Copland remarks, that they are rarely found in the kidneys of man, that they are generally numerous or multiplied, and contained in a mother cyst. The hydatid cyst is developed in the substance of the organ; and, as it acquires a large size, it generally forms adhesions to the parietes of the calices or pelvis, and opens into the renal cavity by one or more openings, through which the smaller of the hydatids and the debris of the larger, with the serum which they contain, escape with the urine. They seldom occasion much disturbance until the mother cyst acquires a large size.

CASE OF PLACENTAL PRESENTATION.

By LANCE HOPE EVERITT, M.D., M.R.C.S., L.A.S.,
Member Extraordinary of the Hunterian Medical
Society, University Hall, Edinburgh.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

A question having arisen at the "sixth meeting" of the "Fifth Anniversary of the Reading Pathological Society," as reported in your excellent *Journal* of the 16th instant, regarding "placental presentations, the source of the hæmorrhage, and the consequences resulting therefrom," permit me to send you the following case, which occurred under my observation at the Ellesmere Union House:—

Ellen Roberts, aged 17, an inmate of the Union, was attacked with hæmorrhage about twelve o'clock at noon, on Saturday the 12th instant. I was sent for immediately, and arrived about twenty minutes after the first occurrence of her bleeding. The exsanguine countenance of the patient, the fluttering pulse, the

syncope and vomiting, caused by the excessive flooding, made me feel very anxious as to the result of the case.

On examination I found the placenta presenting and partly detached from the uterus, the detached part occupying the upper part of the vagina, and the hæmorrhage continuing very profusely. I at once acted upon the principles so strongly inculcated by my esteemed instructor, Professor Simpson, of the University of Edinburgh, and delivered the placenta. The flooding at once abated, but did not stop until cold water had been applied to the umbilical region; then it ceased entirely.

A second examination detected the head of a fœtus presenting with one of its hands and forearms, and in the cavity of the pelvis. The uterus had now lost its contractility, and the balance of life and death continued wavering. Ammonia and brandy were administered every ten minutes for half an hour, so that the tone and beat of the pulse became much improved. This treatment was followed up by half-drachm doses of the ergot of rye, every ten minutes. After the third dose had been taken, strong expulsive efforts came on, and a fœtus was expelled, which appeared to be about three months old, and to have been dead several days.

No subsequent hæmorrhage occurred, and the girl gradually became convalescent. In this case, and more than probable in all such cases, the hæmorrhage was and is from the uterus, as well as from the placenta, or why did it partially cease after the placenta had been removed, and not altogether before the contraction of the uterine vessels upon the application of cold water to the umbilical region? As to the consequences, nothing dangerous need be anticipated.

Should you feel disposed to publish this case, you will oblige, among others,

Your obedient servant,

LANCE HOPE EVERITT.

Ellesmere, Sept. 20, 1846.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 30, 1846.

Among the publications of the Sydenham Society a desire has been expressed for a reprint of some standard work on Medical Ethics. Whether any work of this description which has hitherto appeared, may be in all respects suitable to the present wants, or to the existing state of the medical profession, admits of some question; but there can be no doubt as to the propriety of placing some work of acknowledged merit on the subject, in the hands of so large and influential a portion of the profession as the Sydenham Society enrolls among its members.

It is for the want of some definite principles of Medical Ethics, that we occasionally witness a violation of those duties and courtesies which medical practitioners owe to each other, and we feel assured that the general adoption by the profession

of a liberal and enlightened code of this description, would tend much to elevate the *status* of the members of the medical profession, to promote union and good feeling among them, and to advance that soundest of all reforms—internal reform, which, after all, is the surest step towards the attainment of all that is honourable and dignified, and worthy of attention by enlightened men.

The inquiry into a charge of neglect brought against a medical practitioner, through the incautious conduct, to say the least of it, of another professional man, which we report in another column, affords ample illustration of these remarks. An aged man, suffering under diseased prostate gland, is attacked with retention of urine, and, without applying for an order from the relieving officer, sends to the surgeon of the Union for advice. The person who comes for him is informed that an order must be obtained; some medicine, however, is given, and a gratuitous call is subsequently made to inquire into the case. (We have lately had occasion to see how these voluntary attendances on the part of medical officers of Unions are estimated and requited.) In the mean time another surgeon is regularly applied to to visit the patient, and the following certificate is given:—

"I hereby certify and declare, that the death of John Reeve, of Sapiston, has been caused by most flagrant neglect. I have no hesitation in stating, and am prepared to state upon oath, that had he received appropriate surgical treatment he would now have been living, and have been spared the extreme agonizing pain he suffered for three days. On whom this neglect rests it is not for me to determine, I merely certify to the fact."

It is much to be regretted that a certificate of such a description should have been given in this case. Neglect there certainly was, but it was evidently the neglect of the poor man himself and his friends, in omitting to apply for an order from the relieving officer; and surely it was incumbent on any medical practitioner, before taking a step so likely to bring obloquy and annoyance on a brother practitioner, to make due inquiry as to whether the alleged neglect really rested with him or not.

The certificate will not, however, stand the test of examination on other points. Most surgeons would hesitate before they ventured to certify and declare that the death of an octogenarian, suffering under the retention of urine, and enlarged prostate gland, was absolutely owing to any other cause than to the disease, though they might possibly admit that neglect, or improper treatment, or both, would accelerate the fatal termination. To state, without hesitation, that such a patient could live, is in itself a bold and hazardous assertion; while to confirm such a statement upon oath would be something worse. We have been led to believe

that this is frequently the mode in which these cases terminate—that retention of urine, with its consequences, is the not unusual manner in which aged persons suffering under enlarged prostate are carried off; while experienced surgeons not unfrequently find that very aged men will go on for weeks with a distended bladder, if not interfered with, almost indifferent to, and insensible of, the evil.

Let the subject, however, be looked at in a different point of view, and let us suppose that the gentleman first applied to, seeing on his visit on the Saturday morning, an instrument sticking above the pubis in the midst of a gangrened part, and hearing that a farrier had been applied to, had, without further inquiry, given a certificate to this effect.

“I hereby certify and declare, that the death of John Reeve, of Sapiston, has been caused by improper treatment. With whom the responsibility rests, it is not for me to determine, I merely certify to the fact.”

Would not the gentleman who had taken charge of the case have felt himself greatly aggrieved; and yet, had an inquiry into the cause of death been founded on such certificate, it might, and probably would, have been asked, whether an experienced and skilful surgeon would not in such a case have been able to get a catheter into the bladder; and, again, how far it was fitting to puncture a dying old man above the pubis, when the parts were acknowledged to be in a state of mortification.

We would not be understood to insinuate that the practice pursued in this case was improper; it is only general principles that can or ought to be brought in question, and the application of these to practice in any individual case must rest with the judgment of the practitioner, supposing him to be a qualified and competent person, who has the charge of it. He who sees the case, can alone decide how far any customary method of treatment is to be adopted, modified, or dispensed with altogether. Our object is simply to shew the impropriety of hastily forming an opinion, and promulgating such opinion to the injury of another; and if the making of a charge of neglect without due inquiry be justifiable, so also would the charge of *mala praxis*, without taking into consideration attendant circumstances, be justifiable. We are desirous, however, of witnessing a higher tone of feeling amongst the members of a profession, the true end and object of which is, to benefit suffering humanity, and to see them guided in their mutual intercourse by the most enlightened principles of moral and christian philosophy.

GRADUATED REGISTRATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

It is pretty clear that when Mr. Wakley's Bill is again brought before the Legislature, the real fight will take place upon the subject of a graduated registration, the fear of which deterred the late Home Secretary from prosecuting his measure. The unfortunate mistake which he made in the commencement of his labours, namely, the grant of the odious Charter of 1843 to the College of Surgeons, and the unprincipled use made of their powers by the Council, rendered it impossible for him to proceed with a Bill, the registration clauses in which would not have been suffered to pass without a searching enquiry into the details of that ill-advised step and its subsequent workings. The Council well knew that they would have to produce before the House of Commons some better account of their principles of selection than was contained in the false, though artful “statement” they had put forward on the subject; and, as they dared not face this inquiry, and could not show any good cause why the three or four hundred members whom they had admitted to the fellowship were more entitled to be called “surgeons” than their brother members, they persuaded Sir James Graham to withdraw his Bill. This is the true history of the matter, and it is one which should be remembered in our present position.

Mr. Wakley, to whom the profession is under a deep debt of gratitude, for the construction of the first step towards Medical Reform which has received general approbation, has framed his measure with a wise disregard to all corporate distinctions. His object is to define the outward boundary of the profession before proceeding to its inward organization, yet it is to be feared that influence will be exerted to sacrifice the interest of the whole body to that of a few, and throw obstacles in the way of this most satisfactory commencement. No doubt the Council of the College are persuading themselves, that because a few timid and mean-spirited individuals have so far forgotten what was due to themselves and their profession, as to undergo the examination for the fellowship, the feeling existing generally on that subject has subsided, but they will find themselves much mistaken, and they will learn to their astonishment, that any attempt to give the force of law to their proceedings, by forcing distinctions into the register, will be met with determined opposition.

I hope therefore, that your very important suggestion of a deputation, or what would be better still, a number of local deputations to the Secretary of State, will at once be acted upon. He has told us that he is favourable to the measure, and that it will be his endeavour to make such alterations in it as will meet the objections which have been made to it by “parties whose position entitles them to consideration;” and it would therefore be merely an act of friendship, and one likely to save him some trouble, to impress deeply upon his mind the utter impossibility of framing any measure affecting the medical profession, which can be satisfactory at the same time to the heads of the corporations, (especially the Council of the College of Surgeons,) and the great body of the profession, so long as the Charter granted by his predecessor remains

in force, and its administration is not enquired into. Let us rally round the standard of an ungraduated register, and let our watchword be the auspicious motto "The Bill, the whole Bill, and nothing but the Bill."

I am, sir,

Your obedient servant,

"VIGIL."

P.S. Since the foregoing observations were penned I have perused your remarks to-day on the plan put forth in the *Pharmaceutical Journal*, and approved of by the *Dublin Medical Press*. The scheme is based upon an entire misunderstanding respecting the license of the Apothecaries' Company. This license does not, like a diploma from the Colleges, confer any membership upon the holder. It does not make him an apothecary, but only enables him to become one if he likes. It merely puts him upon the same legal footing *quoad* the business of an apothecary, that my tailor enjoys *quoad* the business of a surgeon; and many who are in possession of the license alluded to make no use of it, and are as fully entitled by other qualifications to register as physicians or surgeons, as the "purest" professor of these respective branches.

The real distinction, after all, between a surgeon and an apothecary, or general practitioner, is the practice of pharmacy, and unless this is insisted upon, I do not see how the title of surgeon distinctively is to be maintained at all. The Irish College have always seen this question in its true light; and the English might have profited by their example, but they lost their opportunity, and it is now too late. Can the register be made to rectify their mistake? Is it worth while to make the attempt? These are questions well worthy the attention of those who take an interest in the welfare of our profession.

September 23, 1846.

OPPOSITION OF THE SOCIETY OF APOTHECARIES TO MR. WAKLEY'S REGISTRATION BILL.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am tempted again to trespass on your pages, as circumstances have made me acquainted with the subject of your leading article of your Journal of the 16th inst. In it you remark on the opposition made by the Medical Corporations to the Registration Bill, and while you do not accuse the heads of these Corporations of making wilful misstatements, you impute their opposition to prejudice. You will oblige me therefore, by stating for the information of your readers, the reason why the Society of Apothecaries entered their protest against Mr. Wakley's Bill. Since the Act of 1815 has been entrusted to that Society, they have taken every opportunity of protecting the interests of their Licentiates, both with Government and with the Poor-Law Commissioners, and acting upon the same principle they entered their protest against the Registration Bill as so constituted; not because they have opposed registration, but because by it, all persons holding any diploma or certificate of proficiency whatever, were placed on the same footing with their

Licentiates, while the trouble, time, and expense in the attainment of many of the vouchers were less than their candidates for license were required to bestow, and therefore they opposed the Bill, because it militates against that which is most reasonable, namely, equal privilege for equal acquirement.

I have the honour to remain,

Your obedient servant,

Carshalton, Surrey,

EDWARD WALLACE.

September 21, 1846.

LEICESTER INFIRMARY.

The Annual Meeting of the Governors of the Leicester Infirmary was held on Friday, September 11th, the Duke of Rutland in the chair.

After the ordinary business of the meeting had been gone through, the noble Chairman stated that a notice was given at the last Quarterly Board, on the 18th of June, by Mr. Thomas Macaulay, which was to this effect:—"That at the annual meeting in September next, it will be proposed to erase Rule 8, page 3, and to insert another Rule or Rules in place of it, with a view of increasing the number of Honorary Medical Officers, and placing the medical arrangements of the Institution generally on a more liberal and comprehensive footing."

Mr. Macaulay then rose and spoke to the following effect:—"My Lord Duke and Gentlemen, it is not in reality my fault that I am compelled to trouble you on the present occasion, upon the subject which the noble Chairman has now introduced to your notice. But it rather follows as a consequence of the rules of the Institution, which are so thoroughly guarded by forms, and I may say, are so hedged in by safeguards, and are bound by such stringent regulations, in order, I will take for granted, that no bad rule should be suddenly introduced, and no good rule as suddenly repealed; that it is only on an occasion like this, once in the year, it is competent to any governor to apply himself to the task of proposing an alteration or a revision in any of the rules. This, therefore, is my apology for appearing before you to-day, and is a reason why, as a governor of twenty years standing, and a medical practitioner of nearly thirty years experience, I have ventured once again to call your attention to the present state of affairs in respect of the medical arrangements of the Leicester Infirmary. After what I have heard since I came into the room, about the present condition of the funds of the Infirmary, and feeling to the fullest extent how important is unanimity in a cause like this, I shall be glad to spare this meeting the call which would be requisite, both upon its time and its patience, and all parties the labour of a lengthened discussion, by going into the main question itself in detail. I beg at the same time distinctly to state, that I entertain the same opinions as those I expressed last year at the meeting at which the whole matter was then fully discussed. I entertain a firm conviction that even on the question of finance, of which we have heard so much, no better means can be found for recruiting the funds of the Institution, or of placing it on a firm and popular footing with all classes of the community, than by pursuing a more liberal course in respect of its medical arrangements. Still, being most

desirous to save the meeting any lengthened discussion, I have decided, in the first instance, not to call upon this meeting to alter or to amend any rule or rules, as now existing. I think that ample time should be given, in an affair of this magnitude, for consideration. I doubt, also, whether the public mind has been fully prepared, as yet, to acquiesce in the extent to which I should be inclined to push my proposition, notwithstanding the discussion of last year, and the notice that has been taken of the subject by the public press, especially the favourable notices which have appeared in the medical press of the country. Nevertheless, I believe the time to be not far distant, when even the non-medical men will be led to understand that the great safeguard of medical institutions of this country will be found in an efficient medical staff, possessing medical as well as personal proficiency. Entertaining these views, and fortified in them, not only by the opinion of the general and medical press, but by the opinions which I have received in writing from various parts of the kingdom, from medical men, some of whom were previously unknown to me, urging me to proceed, I shall be prepared to discuss the question when the time shall have arrived. But doubting whether this be the precise moment for so doing, I prefer to take the course of first proposing a resolution, not calling upon this meeting for any decided expression of opinion, more than that some inquiry should be instituted; that a Committee should be appointed to consider the question, and to report to the meeting next year. I must, nevertheless, call the attention of the governors to the fact, that instead of the medical arrangements of the Institution having advanced with the increase in the size of the house, and the increase in the size of the town and of the population, and the increase in the number of medical men in the town, and their progress in professional attainment,—that instead of the basis of the medical arrangements having become wider and wider, they have become more and more narrowed. At the end now of seventy years, during which this Institution has been advancing in the means of usefulness, without any enlargement of the basis of the medical arrangements, I now simply ask for a Committee of inquiry, and I trust you will not think I am seeking too much. Until the Committee have discussed the question orderly and quietly, and submitted the result of their deliberations to the governors in meeting assembled, I do not wish to discuss the question in detail. I therefore now simply move my resolution, reserving to myself the right of making any further remarks, in the event of that resolution being opposed. If, however, it be carried, as I hope it will be, I shall say no more, than that I firmly believe this question can never be set at rest until such an inquiry has been granted, and the necessary alterations in the rules shall have been made. We may be found to be in the wrong. If so, we shall bow as becomes us to such finding. If on the contrary, as I firmly believe we shall be, we are found to be in the right, we shall proceed in what appears to us to be the path of duty and of right. I now move, my Lord, "That a Committee be appointed to examine into the whole question of the medical arrangements of the Leicester Infirmary; to compare the existing rules with the prevailing practice; and to consider whether any and what alterations may be made

to increase the efficiency of the charity, and to promote the ends of medical and surgical science:—that they be requested to report the result of their proceedings to the next annual meeting, and to give such notices at the preceding Quarterly Board as shall enable the governors to carry their recommendations into effect."

Mr. Weston (Mayor of Leicester,) seconded the motion, which was put from the chair; whereupon

Mr. Packe, M.P., objected to that part of the resolution which said "and to support the interests of medical and surgical science." He must confess, that in looking over the objects of the Institution, and what appeared to him to be the intentions of the subscribers to it, who evidently gave their money seeking only to promote the main object of the charity—that object which was contemplated by the institution of the Infirmary being the medical relief of those who came within the scope of its aid—he did not think that they had anything further to look at than the promotion of that object. For himself, he could distinctly say that he subscribed wholly and solely for the benefit of the poor of the town and county of Leicester, and others, no doubt, did the same. He hoped and trusted that that principle in the government and management of the institution would, so long as it existed, be strictly and entirely adhered to. If Mr. Macaulay would put his motion to the vote with the exception of the words mentioned, it should have his hearty and cordial assent.

Mr. T. Paget, surgeon, said that the proposition had now received such a shape, and was in such a stage, that he wished to make one remark upon it. He thought it was a very mistaken observation which had fallen from Mr. Macaulay, in the proposition of his resolution, namely, that of late years the arrangements of the medical staff had become more narrowed, if he understood him rightly. He could not mean that the medical public were more excluded than was the practice of hospitals. If that was his meaning, it was a very incorrect one. The arrangements had, in fact, been extended lately in one or or two instances, and they were now prepared to extend the arrangements still further. The extension of the arrangements that had already taken place were, in the first—that whereas the surgeons did not use formerly to attend on the admission days, but saw their patients after admission on the next or the third day, at their own convenience, and did not prescribe for the out-patients at all, it was now their custom, on every admission day, to attend their cases, and to prescribe not only for the in-patients, but for the out-patients. Another extension was this, and he would ask Mr. Macaulay to give him his testimony upon that point, that in all operations of importance and consequence for the last twenty years, the medical public had been as extensively invited to attend as the arrangements of the Infirmary would allow, even at first operations. He had himself, not unfrequently, invited indiscriminately those he had chanced to meet; more particularly and pointedly those he thought took an interest in a case, and that at some sacrifice, in a first attempt, and with some little trouble and inconvenience to himself. He believed that against that, not one single instance could be brought of a narrowed course of proceeding on the part of the medical officers of the Institution. He thought, therefore, that Mr. Macaulay must have been mistaken

when he said that the medical arrangements of late days had become more narrowed.

Dr. Noble regretted that Mr. Packe had been induced to qualify his assent to the proposition of Mr. Macaulay. It seemed to him that that Institution was supported by the public, a large portion of whom were persons living at a distance, and in the middle classes of society, many of whom, perhaps, could ill spare the sums they contributed, and who were entitled as well to the collateral as to the direct benefits the Institution was capable of affording. An institution like this might be made exceedingly valuable for instruction, as well as in respect of economy, because the certificate of a physician or a surgeon of that Institution would save a young man considerable expense in the matter of hospital practice. The gentleman who had moved the resolution, and which he had done with such good temper and spirit, had done what was perfectly right, as he conceived, and consequently he hoped it would be conceded. In the full hope that there might be unity in the decision of the meeting, he would now offer no further remarks, except to say, that he quite agreed with Mr. Macaulay, that the tendency to communicate knowledge had, in respect of this Institution, become less and less, and the opportunities of advantage become narrower and narrower as the Institution became larger. There was no law or rule which made it compulsory on the medical officers to invite the medical public. He had himself been practising here for fifteen years, and had not, above two or three times, received invitations to witness practice at the Infirmary.

Dr. Shaw wished to offer one observation. By a rule passed three or four years ago, pupils were admitted, which was not formerly the case. Again, so far from there being any greater difficulties thrown in the way of the medical men of the town, he begged leave to state, that from the outset of his being appointed, he had made it a rule to invite any of the medical men who might please to do so, to come; and, as a general rule, he could appeal to his medical brethren, whether it was not very unfair to say, that the means of advancing medical and surgical science, as regarded the Leicester Infirmary, had not increased, but had become narrower than they were.

After some remarks from Mr. W. Gardiner and Mr. Turner, two of the subscribers to the Institution, to which, as well as to the observations of Mr. Packe, Mr. Paget, and Dr. Shaw, Mr. Macaulay replied,

Sir Henry Halford, Bart., M.P., rose to ask his friend and colleague Mr. Packe, to withdraw his objection to the words in question. There could not be a doubt of the importance of the promotion of medical science. In this instance, it was a secondary object to the welfare and comfort, and, if they would, to the prejudices of the patients themselves. But the meeting would observe, that they were not called upon to conclude anything, but to make it the subject of inquiry. For his own part, he must confess, that he should be sorry that the Committee should have its hands tied upon that point. It appeared to him, that with qualification, as far as it could be done consistently with the primary object of the Institution—the comfort and welfare of the patients, it should be within the province of the Committee to inquire into it. That would come before the meeting in another year, and

then they should have the whole subject before them. It had been said, that this was an innovation; for himself, he was quite ignorant how far that might be so; he should, therefore, be glad to be better informed upon the subject.

Mr. Packe declined acceding to the proposition of his colleague, and the resolution having been read, and the amendment put from the chair, the latter was carried by a majority of twenty-two to twenty.

A Committee was then appointed to carry out Mr. Macaulay's resolution, the clause "and to promote the ends of medical and surgical science being omitted."
—*Leicester Journal*.

CONDUCT OF THE POOR-LAW AUTHORITIES TOWARDS THEIR MEDICAL OFFICERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In addition to the cases lately brought forward in the *Provincial Journal* on the subject of the treatment of medical men connected with the Poor-Law Commission, I beg to forward you some particulars upon the same subject, in which I have been engaged. Finding the labour and expenses attendant on the Union I was attached to far greater than the salary I received, I forwarded the enclosed note to the Board, and received in reply the letters accompanying my own. The first was sent to me a few days after my letter was received, and the other after the Board had fully deliberated on the matter.

You have here another instance of the little pecuniary value put on the services of a Union Medical Officer. I may say I have tried to do my duty to the Guardians and to the poor, and it is a satisfaction to have the testimony of the Board that my services have been efficient. I will not encroach more on your time, but let the letters speak for themselves.

I am, Sir,

Your obedient servant,

J. W. WORKMAN.

143, Castle Street, Reading,
Sept. 21, 1846.

Reading, Sept. 7th, 1846.

Gentlemen,—Having now attended the Shinfield District of your Union, for nearly one year and three quarters, I feel compelled to address you on the labour it has cost me.

From calculations I have made, I find that I have to travel nearly 1,000 miles during the quarter, and to supply medicines, &c., to rather more on an average than 170 cases; and I find my labours are rather on the increase during the present quarter. I beg to draw your attention to the remuneration I receive (£73 per annum,) for the above work, and to ask you if you think it at all adequate to it. I find, on going over my expenses, that, independent of my own time, and the partial employment of an assistant to compound medicines for the poor, my expenses incidental to the Union, amounted during the past year to considerably more than £100. I have tried to do my duty to the poor, but I would ask you if it is possible for me to go on. I can hardly conceive that a respectable body of

gentlemen would wish their medical officer to be out of pocket by his attendance. If I have anything like a remunerating allowance offered me, I have no wish to give up the Union, but if you should decide on continuing the present salary, I beg at once respectfully to tender my resignation.

In conclusion, I beg leave to say, that from the commencement of the Poor-Law Commission I have been medical officer to other Unions, and in each the remuneration was, in proportion to the number of cases, considerably above what I now receive.

I am Gentlemen,
Your obedient servant,
J. W. WORKMAN.

To the Guardians,
Workingham Union.

Workingham Union,
Sept. 9th, 1846.

Dear Sir,—I am directed by the Board of Guardians of the Workingham Union to acknowledge the receipt of your letter of the 7th instant, stating that you cannot continue the medical officer of the Shinfield district at the present salary, as the expenses and labour are so great. The Board will take the subject into consideration at their next meeting. They further desire me to say that they are most unwilling to be deprived of your services, as they have every reason to be satisfied with the attention you have bestowed on the poor.

I am, dear Sir,
Yours obediently,
JOHN R. WHEELER,
Clerk to the Guardians.

J. W. Workman, Esq.,
Castle Street, Reading.

Workingham Union,
Sept. 17th, 1846.

Sir,—I am directed by the Board of Guardians of this Union to inform you, that at the meeting on Tuesday last, your letter was taken into consideration, and that the Board did not feel themselves justified in making any increase to the present salary; and at the same time I was directed to express their regret that the Union would be deprived of your efficient services.

Your letter bears no date, but it is understood that you will resign your duties on the 8th of October next, being a period of thirty days from the day on which your letter was read to the Board.

I am, Sir,
Your obedient servant,
JOHN ROGERS WHEELER,
Clerk to the Guardians.

J. W. Workman, Esq.,
Castle Street, Reading.

CHARGE OF NEGLECT AGAINST A MEDICAL PRACTITIONER: INQUEST.

On Saturday, September 5th, an adjourned inquest was held at Sapiston, before Harry Wayman, Esq., Coroner, to investigate certain circumstances touching the death of John Reeve. The inquiry arose out of the following certificate:—

"I hereby certify and declare, that the death of John Reeve, of Sapiston, has been caused by most

flagrant neglect. I have no hesitation in stating, and am prepared to state upon oath, that had he received appropriate surgical treatment he would now have been living, and have been spared the extreme agonizing pain he suffered for three days. On whom this neglect rests it is not for me to determine, I merely certify to the fact.

"H. R. COOPER, Surgeon.

"September 1st, 1846."

Mary Ramply, sworn: I am the wife of Thomas Ramply, and live at Sapiston. The deceased, who was a tailor, going of 80 years of age, lodged at my house. He paid a shilling a week and boarded himself. He was very badly off. He had had nothing for some weeks. Last Thursday fortnight he became poorly; he complained of pain, and appeared unable to sit on his seat. Up to this he appeared quite well for his age. This went on until the Monday. In the forenoon of that day he walked up the road to see if he could meet with Mr. Green, the surgeon, of Ixworth. In the afternoon I went with the deceased to Market Weston, the parish in which I understood from him he was settled. We went to Mr. Morgan, the surgeon, at Hopton. Mr. Morgan was not at home. From there we came home by way of Market Weston. He brought some physic home with him. On Tuesday the deceased seemed better, and advised me not to speak to the relieving officer. In the night, after we went to bed, the deceased was taken worse with the pain. We did nothing, nor sent to anybody. On Wednesday he kept getting worse. I sat up with him the chief part of the night. Up to this time I had not been to any parish officer. On Thursday morning I went to Mr. Morgan's. I saw Mr. Morgan, and told him the deceased's case. I told him he was so bad with the pain it was dreadful to see him, and you could hear him all over the yard. Mr. Morgan asked me if I had any order from the relieving officer. I said "No, as the poor man was better on the Tuesday he did not wish to trouble him." Mr. Morgan said I should have had a note, but he did not deny sending the medicine. I told Mr. Morgan he had had a stoppage some years back. He gave me some physic, and said he should come on Saturday morning. I gave the deceased the physic as directed. On the Thursday night he was dreadfully bad with the pain, and wanted relief for the water. He continued in the same state all Friday, and at the deceased's request I went to the farrier's. He came and dare not take the case in hand. On Friday evening I sent to Mr. Cooper's, at Ixworth. Mr. Cooper came about ten o'clock that night. On Saturday afternoon Mr. Morgan came. Mr. Morgan stayed but a few minutes, and did nothing; this was the only time Mr. Morgan saw him. Mr. Cooper attended him several times. The deceased died on Tuesday morning about 18 minutes after four o'clock, having suffered the greatest agony up to the time of his death. During the deceased's illness I never applied to any parish or other authority, either for relief or for an order for the surgeon. Ixworth is three miles off. I don't recollect Mr. Morgan's saying he would come if I got an order.

Henry Ralph Cooper, sworn: I am a surgeon, living at Ixworth. The certificate now produced was written by me. On Friday evening I was sent for to the deceased, whom I had previously known only by sight.

I got to the deceased's house about a quarter, or half-past ten o'clock the same night; in consequence of the message I came off immediately. I found the deceased in bed. I gathered from him the history of his case. He said he had been in great suffering since Wednesday morning. He appeared to be undergoing great pain, and had the appearance of being worn out with pain. Upon examining the deceased I found parts in a state of mortification. I used instruments to relieve him but did not succeed. Upon further examination I found the deceased to be suffering from disease of the prostate gland. I saw him again early the following morning; he was then in the same state. I resolved upon an operation, not expecting thereby to save his life, but to relieve him of agony. I considered, at first, the case to be hopeless, and so told the deceased. I saw him again on the Sunday; he was gradually sinking. I did not do anything further to him. I did not see him again alive. I have seen his body since his death.

Mr. Cooper added that if an operation had been performed in proper time mortification would not have ensued; that that operation ought to have been performed at the very latest on the Thursday morning, and if it had been performed the deceased's life might have been saved.

Charles Morgan, sworn: I am a surgeon, at Hopton. I am the Union surgeon of that part of the Hopton district in which Sapiston is situate. I have nothing to do with Market Weston. On Thursday week, on my return home from the parish of Sapiston, I saw Mrs. Ramplly at my house. She told me of the deceased's case, and that he was suffering from stoppage. I asked her whether she came to me on her own account or the parish account. She told me she had no money. I then asked her if she had an order. She said, no, but he was a relation of Mr. Good, of Weston. This was after the clock struck twelve on Thursday. She then explained in what way and in what degree he had been suffering, I then said "You may have a bottle of medicine, but if he gets worse you must have an order. I shall not be at Sapiston again before Saturday." I heard no more of the case. On Saturday, in the noon time, I was at Sapiston, and called at the house. I saw the deceased, and found he had been punctured midway. The instrument was in. The parts were in a state of mortification, and the body swelled. The deceased was dying. Death arose from mortification. I did not examine the man so as to be able to form an opinion as to the cause of mortification.

Verdict, "Natural Death, and no imputation of blame upon the surgeon."—*From the Bury and Suffolk Herald.*

DEATH OF MR. KING, OF CLIFTON.

Our profession has to regret the loss of one of its most distinguished members, John King, Esq., surgeon, of Clifton, Bristol. Mr. King was by birth a Swiss, descended from a family who for many generations had filled the highest offices at Berne, and who were not less remarkable for their ability as magistrates, than for their successful cultivation and patronage of the arts and sciences; and many of them had dedicated themselves to the medical profession.

Mr. King, before he came to this country, had

attained much distinction as a man of very capacious intellect, expanded and strengthened by assiduous study. Critically acquainted with the Greek, Latin, French, German, Italian, and Spanish languages, the general science and literature of Europe were open to his indefatigable researches, and this variety of acquirement he made subservient to his medical pursuits. In London he was a highly favoured pupil of Mr. Abernethy, and when he first came to Clifton, assisted Dr. Beddoes, with Sir Humphry Davy, in his Pneumatic Institution, where his chemical knowledge was highly displayed and appreciated. His practice as a surgeon was very extensive, and his reputation commensurate with it. Few men of his time equalled him in practical skill, and in the ingenuity and variety of his resources. As a physician he was equally sagacious and profound, and none ever surpassed him in that energetic benevolence and generous zeal for the relief of suffering humanity, which has ever been the most honourable characteristic of our profession.

MEDICAL INTELLIGENCE.

Dr. Wright has been appointed Physician to the Queen's Hospital, Birmingham, in the room of Dr. James Sandys, resigned.

Mr. George Shaw has been appointed Professor of Chemistry, at Queen's College, Birmingham, in the room of Mr. Tilley, resigned.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, September 17th:—Robert Thomas Martland, Blackburn; Francis Barlow, Plymouth; Wm. Fancourt Tomkins, Yeovil; Joseph Clegg, Rochdale; Charles Sturges Northleach; James Hunter Blair, Sandon.

OBITUARY.

Died, Aug. 16th, at Port of Spain, Trinidad, Stephen F. Carmichael, M.D.

August 18th, at Clifton, in the 81st year of his age, John King, Esq., Surgeon, a native of Berne, Switzerland, and for nearly half a century resident and in extensive practice in Clifton and Bristol.

August 21st, Alexander Miller, Esq., Edinburgh, Fellow of the Royal College of Surgeons.

September 2nd, at Sheerness, James Potter, M.D., a Member of the Provincial Medical and Surgical Association.

September 9th, aged 26, Thomas Hugh Heakett Davies, Esq., Surgeon, Liverpool.

September 11th, at Costorphine, aged 39, William Henderson, M.D.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Members of the Association having suggestions to make for the improvement of the publications of the Association, are requested to communicate with Mr. Bree, the Secretary of the Committee appointed at Norwich to consider this subject.

JUST PUBLISHED, VOL. II., NEW SERIES.

THE TRANSACTIONS

OF THE

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO; SHERWOOD, GILBERT, AND PIPER, PATERNOSTER ROW;
AND DEIGHTON, WORCESTER.

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- I.—The Retrospective Address, delivered at the Twelfth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Northampton, on Wednesday and Thursday, August 7th and 8th, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital and Reading Dispensary.
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Dr. Gardner having resigned the office of Secretary, all communications in future are to be addressed to Mr. William Johnson, at the office of the College, No. 16, Hanover Square, from whom all particulars may be obtained by Students and others.

By order of the Council,

WM. JOHNSON.

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SUMMER SESSION, 1847.

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WEDNESDAY, SEPTEMBER 30, 1846.

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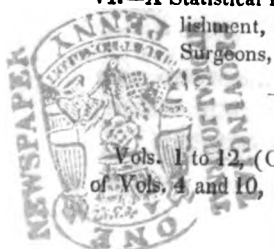
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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASE OF DISPLACEMENT OF THE VERTEBRÆ CURED BY EXTENSION.

By WILLIAM HENCHMAN CROWFOOT, Esq., Surgeon
to the Dispensary, Beccles.

Presented at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Norwich, August 20th, 1846.

In the eleventh volume of the "Transactions of the Provincial Medical and Surgical Association," is published a paper on the employment of extension in the treatment of fractures of the spine. This paper contains a case of displacement of the vertebræ, treated by Mr. Crowfoot, the author of the communication on this principle, of which the following is an abstract :—

"On the 5th of July, 1839, Anthony Callow, aged 42, by occupation a coachman, whilst driving a carriage through a covered gateway, was caught by a beam on the back of his neck, as he was in the act of stooping forwards, and the horse rushing on, he was bent completely double. On the removal of the poor fellow from the box of the carriage, his lower extremities were found to be *perfectly* paralysed. On an examination of the back there was discovered a great deformity about the ninth, tenth, eleventh, and twelfth dorsal vertebræ, occasioned by an increased posterior curvature; the spinous processes of the ninth and tenth vertebræ were divided from each other considerably beyond their usual distance, the body of the ninth vertebra having been forced forward, whilst that of the tenth projected backwards. The abdomen became almost immediately distended; the ability to empty the bladder was lost, and there was a *total* deprivation of the power of voluntary motion and of sensation in the lower extremities. No doubt existed in my own mind, nor in those of my son, and of the respectable professional men amongst whom I have the happiness to live, who were present, that displacement of the bones of the spine had taken place, and that there was pressure on the spinal chord. There was too much reason to fear that this case would terminate, as all similar ones which I had seen had done—fatally. Unwilling, however, to leave the poor fellow, who had but recently left my own service, without making some decided effort to relieve him, we determined to try the effect of cautious extension, and I applied it in the following manner :—

"After the bowels had been emptied by an enema, and the bladder by the catheter, a broad and well-padded belt was passed around the chest, and under the arms, and it was fixed from behind to a strong

staple at the upper end of the frame of the bed; another equally broad and well-padded belt was buckled round the body, just above the pelvis; this latter belt had two very strong straps attached to it, one before, the other behind, each having a strong iron ring at its extremity; these straps were brought between the thighs, care having been taken to avoid pressure on the penis and scrotum, and made fast to the pulleys. A gradual but considerable extension was now made, whilst some slight attempts were made by the pressure of the fingers to aid the replacement of the bones. The deformity of the spine was evidently diminished by the extension, whilst the pressure on the posterior tractus of the spinal chord was so far relieved, as to permit an almost immediate restoration of a certain degree of sensibility in the parts below the injury, where it had been entirely lost; but there was not the slightest return of the power of voluntary motion. An important point had, however, been gained, and a hope was excited that the spinal chord, partially relieved as it was, might gradually accommodate itself to the still altered form of the bony canal, and ultimately resume its functions, provided proper means were used to retain the amended position of the bones, and to obviate the inflammation which could not fail to follow such an accident.

"The patient was placed on his back on a firm bed in such a manner that his *feces* could be removed without his being disturbed, and the most perfect rest was enjoined. For the first nine or ten days from six to ten ounces of blood were daily taken away from each side of the spine, alternately, with great relief to the feelings of the patient, who was most cautiously raised on his side by the sheet for the purpose, and afterwards as cautiously replaced on his back. The catheter was introduced two or three times a day for about a fortnight, when its use was no longer required. At this time the patient was accidentally seen by my old and valued friend Mr. Dalrymple, of Norwich, who was not very sanguine as to the ultimate success of the treatment, though well satisfied with what had been already accomplished. The case went on favourably; the patient steadily improved, and at the end of three weeks he could slightly move the great toe of the right foot; in a few days after, that of the left foot, and gradually this power extended over the other muscles of the lower extremities and pelvis. At the end of two months from the time of the accident, Callow was able to support himself upon his legs with but little assistance; he slowly recovered the use of his lower limbs, and at the end of a twelvemonth was again able to mount his box, and take care of his horses. Horse

exercise, or walking any great distance, is apt to produce pain in the loins, and some degree of numbness in the limbs, but he is otherwise in perfect health, and is one of the best grooms in the country. There remains still some degree of deformity about the injured part, and an unusual separation between the spinous processes of the ninth and tenth vertebræ."

The subject of this case was presented at the recent meeting of the Association at Norwich, and Mr. Crowfoot, in submitting him to the examination of the members present, took occasion to make the following remarks on the treatment pursued, and on the subsequent progress of the case :—

All the ancient writers, he observed, from Hippocrates to Ambrose Paré, recommend the system of extension in the treatment of fracture of the spine, while every writer of the present time had not only not recommended extension, but deprecated its employment as dangerous. In the course of his practice he had had three or four cases of fractured spine, and in these cases he had done formerly what he had seen done by others,—he had endeavoured to foretell according to the situation of the fracture, what length of time the person would live, and that was all.

In the present case the man had been a servant of his own, was a married man, with a family of children. Mr. Crowfoot had become acquainted with the ancient writers on this subject, and looking to his previous want of success, had determined to employ the mode of treatment they recommended. The first thing to ascertain was, whether there was a fracture. This he should have no difficulty of proving to the meeting, for happily, in the town of Beccles, there was that really gentlemanly feeling among the medical men, that if any one had a peculiar case he was happy to shew it, and to ask for aid in a case of difficulty. Such had been the case in the present instance. The man was sitting on the box of a lofty carriage driving a pair of horses, and had turned into a gateway under a building unaware of the nature of the entrance, for though the building ran horizontally, and though in driving under the gateway there was plenty of room, the ground rose so rapidly, that there was only room for him to pass by stooping; and in going under, being unable to stop his horses, he was bent completely down, causing a fracture of the dorsal vertebræ. The man was taken off the box perfectly paralysed, there was deformity resulting from the displacing of the bone in the dorsal region of the spine.

Mr. Crowfoot had sent to his medical brethren resident in the town, and of those who kindly attended, he was happy to say two were then present in the Hall. These gentlemen had seen the case, and witnessed the treatment throughout its whole course. He had explained his views on the subject to them, and his intentions as to the mode of treatment, in which they quite accorded, feeling it to be a hard thing to leave the man to his fate, without an effort being made to save him.

He would observe, that before he began the extension the man was completely paralysed, both to sensibility and the power of motion, one of his limbs might have been cut off and he would have remained unaware of it, for no pinching produced any effect on him. The

extension was made in the way described in the published account of the case.

After the extension, the deformity was diminished, but not entirely removed; and so far the pressure was taken off the spinal cord, by bringing the bone into a better position, and by removing the arch of the displaced dorsal vertebræ from the body of the one beneath it,—so much was the pressure taken off the posterior tract of the cord, that before he ceased to make the pressure, a certain degree of sensibility was restored to the man—so far restored, that on pinching him he sensibly felt it in parts of the limb. There was not, however, the slightest improvement in the power of voluntary motion. It was encouraging that they had achieved so much in relieving the deformity. The next thing was to set him in the best position they could, and to keep the bones in an advantageous state, so as to prevent that inflammatory action which was certain to be set up in the spinal cord in an accident of that kind, and which, he believed, was more commonly than not the cause of death. Of course the possible advantages of extension in spinal accident must depend on the degree of injury which the spinal cord had sustained, for, if one vertebræ was pitched so far over another so as to destroy the texture, no good could be done, but they could never be sure of this being the case, and even in such instances extension could do no harm, while there was a possibility of its doing good.

His friend, Mr. Humphrey, of Cambridge, had brought some specimens of fractures of the dorsal vertebræ, and they would afford lucid illustrations as to how such fractures took place. They would find, in one case, that the superior dorsal vertebræ had been thrown forward, and had crushed the body of the adjacent vertebræ, and still left such a space, and only such a space, for the spinal cord, that a cedar pencil might be passed down the canal. In that case the man lived nearly twelve months, till a bony deposit took place in the part, but he had since died from a febrile attack. That man remained paralysed. The bone was not drawn into its place, as Mr. Humphrey would kindly describe. They would see that the canal was still left perfect in the parts exhibited, the section not having disturbed it.

Mr. Crowfoot then proceeded to describe his mode of treatment. He was obliged to use the catheter three times a day for a fortnight. For eight or nine days he had taken from six to eight ounces of blood daily, to prevent any fatal action coming on, and by keeping the body open, in three weeks the patient began to move the great toe of one foot, and gradually and steadily he got power over the other muscles.

The man had gone on improving: he had seen him that morning, and he stated that he had ridden seventy miles in a day since the accident. On examining the body they would see there was a partial deformity of the spine still remaining, and they would find they could lay two fingers between the spinal processes, the superior one being tilted up by the body of the other vertebræ giving way.

Two gentlemen present had witnessed the treatment, and he would thank them to correct him if he had erred in his statement. He alluded to Mr. Davey and Mr. Francis, to whom he would be obliged, if he had said anything incorrect, to set him right. His great wish was to state this case accurately, in order that the

gentlemen present might be satisfied that there had been a displacement of bone, and that all the modern writers on surgery might revise their opinion on this subject, when cases of this kind occurred.

Mr. Crowfoot here referred to "*Haller's Medicæ Artis Principes post Hippocratem, et Galenum*," published at Paris, in 1647, in which there were some wood-cuts, shewing the position in which the patients were placed, and the mode of extension. They were placed prone, and he was not sure that the ancient one was not the preferable one. Such was his treatment of this case, and he thought it was one of such importance, that it should not rest on his unsupported testimony. The man who had got quite well was in the adjoining room, and might be brought into the hall.

Mr. Francis, of Norwich, testified to the correctness of Mr. Crowfoot's statement.

The man who appeared to be in good health was brought into the hall, and examined by the gentlemen present.

The President said, if no one had any remarks to make on cases of spinal fracture, he would offer a few observations. He recollected well, that after this man's recovery, he happened to be travelling in the neighbourhood of Beccles, and his postilion was this very patient. The subject of spinal fracture was one on which he was not particularly prepared to speak, otherwise than by the experience and good opportunity which many years had afforded him. He regarded the way in which Mr. Crowfoot had brought forward this patient as attended with this good effect. There were thousands of cases of great interest which occurred in the experience of the profession, but the mischief was, they were not kept at hand for the purposes of illustration. After this demonstration, and the inspection of the specimens produced, those present would have this case so impressed upon them that it would be remembered for the rest of their lives. It might be a question how far extension was available. Mr. Crowfoot had referred to cases in which success could not be expected, though there could not be any objections, even then, to extension being made. Mr. Crowfoot had alluded to that destructive compression of the spinal marrow, in which extension could do no good; the fibrous sheath might be torn, also the delicate membranes, vascular and arachnoid, lacerated. If, in addition to such lacerations, the parts were compressed as in a vice, displacing the nervous tissue, and leaving only the cellular remaining, of all of which injuries specimens were exhibited in the room, he presumed, that where the injury to the nervous texture was to this last degree, the nervous matter compressed and destroyed, the destruction of the patient might be considered inevitable; at least, he did not believe there had been any evidence of recovery under such circumstances. That such a destructive compression of the nervous texture did take place he would be able to demonstrate, as well as that the delicate membranes that envelope the spinal marrow were often lacerated; and if any of the coats of the spinal marrow were ruptured or torn up, surely in these cases they would expect inflammatory action to succeed, rendering them more dangerous; the treatment by bleeding locally from the part itself, when the patient was dorsally recumbent, was open to an objection which Mr. Crowfoot had fortunately surmounted; but it would generally be found, that to move the patient

daily to abstract blood was very dangerous; therefore, the placing the patient upon the chest which Mr. Crowfoot referred to, was to be strongly recommended and well considered.

A case of laceration of the external or fibrous sheath was shewn in a preparation, as well as of the deeper and more destructive injuries.

The President proceeded further to explain the nature of the case referred to by Mr. Crowfoot, from the specimens exhibited. From one of these it appeared the delicate membranes were ruptured, but the nervous substance was half torn through without the rest being displaced; possibly, the President observed, this patient might have recovered, but in another instance which he pointed out all the nervous matter was crushed, and the cellular tissue only was remaining, and here was a case in which recovery could not be expected. There were a few further remarks he would beg leave to submit, because he did not know they had been demonstrated; they referred to the way in which the displaced bones shewed themselves,—that the superior vertebra was always thrust forward, and the lower vertebra went backward. This was a uniform rule, he had half a dozen specimens there shewing this, and the result was that the narrowing of the bony canal was affected by the body of the inferior vertebra coming near to the posterior processes of the vertebra above,—that was the uniform rule in all these specimens. He had another specimen which he exhibited, which occurred to a girl who fell from a tree, and fractured the odontoid process; the particulars of the case could not be now stated, but after some days of quiet she suddenly turned, and instantly expired, the spinal marrow being compressed by the displacement of the bone. This suggested to him, that where the odontoid process was fractured, it became essential not only to caution the patient, but also to have recourse to mechanical aid by splints, to secure a fixed position. He ventured to make these observations as no other gentleman had taken up the subject.

CASE OF DISSECTING ANEURISM OF THE AORTA.

By W. H. RANKING, M.D., Physician to the Bury and Suffolk General Hospital.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As I regard a weekly journal, such as the *Provincial Medical and Surgical Journal*, especially adapted for the extempore record of cases which present features of unusual interest, either from their rarity or from their involving points of importance as regards diagnosis or treatment, I beg to send you for insertion at your convenience, the following case of dissecting aneurism of the aorta.

I am, Sir,

Yours sincerely,

W. H. RANKING, M.D.

A man, aged 57, of intemperate habits, came under my charge as out-patient of the Suffolk General

Hospital about a fortnight since, in the following state:—

He was complaining mainly of pain in the frontal region, with a feeling of giddiness, and transient dyspnoea, but without cough. His appetite was good; his intellect undisturbed; bowels regular; pulse 70, regular, but feeble. He is able to lie with ease on either side, and in a perfectly supine position. The most remarkable feature in his case was, an intense purple lividity of the face and neck, much increased by stooping or any exertion. The ears, in particular, were almost black and cold; the superficial veins of the neck and upper part of the thorax were enlarged and turgid. Anticipating from these appearances some impediment to the flow of blood in the descending cava, I examined the chest most carefully, as did also Mr. Newham, our house-surgeon, with the expectation of finding the evidences of aneurism or other tumour about the neighbourhood of the right auricle. The most careful examination, however, failed to detect any unnatural amount of dullness in that region, or any bruit or pulsation by which the existence of aneurism could be suspected. On the contrary, the great clearness of the sound on percussion, led me to regard the lungs as emphysematous; a suspicion also countenanced by his previous history, he having been for several years subject to winter cough. The heart's action, though feeble, was perfectly regular and without bruit, until within a few hours of his death.

Finding, therefore, no stethoscopic indication of aneurism or other tumour, I was driven to the conclusion, that if such did exist, of which I entertained no doubt, it was masked by an emphysematous state of the lungs, a state which would of course negative the results of percussion. The treatment consisted of warmth externally, diffusible stimulants internally, and leeches to the mastoid processes. Under this treatment he improved sufficiently to come down stairs, which he did on the day of his death. The fatal event occurred instantaneously in the act of drinking. His body was examined fifteen hours after death.

On opening the thorax, the pericardium was found to be distended with semi-coagulated blood to the amount of a quart or more. In addition to this, both laminae of the membrane were universally covered by a layer of soft fibrinous lymph, evidently of recent date, and deeply stained by the effused blood. The source of the hæmorrhage was a small rupture at the base of the heart, at the precise point at which the pericardium is reflected upon the aorta. The parietes of the heart exhibited the fatty degeneration in an aggravated degree. The valves with the exception of the aorta were sound. Directly above, and on the outside of the pericardial sac, a globular tumour of the size of an orange was observed, which had contracted loose adhesions with the inferior and inner portion of the upper lobe of the right lung, and lay upon and directly in front of the right auricle. This tumour contained layers of coagula, and communicated with the aorta by a triangular rent into its inner and middle coats, and also with the pericardium by the opening before alluded to. The aorta itself was dilated and thickly studded with atheromatous patches. The point of rupture was about two inches above the valves, on the convex surface of the ascending portion of the vessel.

These appearances, which denote the existence of a "dissecting aneurism" of the aorta, were at once a key to the symptoms during life, and an explanation of the sudden death. They were also strictly in accordance with the diagnosis formed, that an impediment existed to the entrance of the blood into the right auricle, for although the descending cava itself was not pressed upon, the free dilatation of the right auricle situated immediately behind the tumour was impossible. There are other circumstances, however, connected with the case which are deserving of remark. These are, the probable date of the rupture in the aortic walls;—the non-existence of the aural signs of aneurism;—and thirdly, the unsuspected presence of pericarditis.

In reference to the date of the rupture, no satisfactory evidence could be obtained, as the patient did not complain until a few days before his death. It was plain, however, from the appearance of the coagula, and the inflammatory exudation connecting the sac with the lung, that the aneurismal tumour must have arrived at its present size some time previous to his fatal illness. Its interference with the due action of the auricle may be dated a fortnight back, at which time the livid turgescence of the patient's face was first noticed by his family. The rupture into the pericardium was of course the immediate precursor of death.

That the usual physical signs of aneurism were absent is probably explicable on two grounds—first, on account of the sac being nearly filled with clotted coagula; and, secondly, because, from the calibre of the artery being undiminished, and the artificial opening being in its ascending portion, there was, in all probability, but little active circulation in the aneurismal sac. The situation of the tumour would likewise prevent its pressing upon the bronchus, or more indirectly upon the œsophagus, and thus two of the most unequivocal signs of aneurism of the aorta, where they exist, namely, dysphagia, and diminished respiration in the left lung, were necessarily wanting. The situation of the tumour would likewise account for the similarity of the radial pulses. It may be stated, moreover, that the signs of aneurism are occasionally absent, even when the physical conditions for their production are plainly present. Such instances have been related by Dr. Barker, in the last volume of the "Medico-Chirurgical Society's Transactions."

We now come to the pericardial inflammation, which was likewise remarkable in being deficient in its characteristic, physical, and general symptoms. Although both pericardial surfaces were uniformly coated with lymph, there was no pain in the præcordial region, no tumultuous action of the heart, no friction sound. Could the absence of the latter be due to the fatty condition of the organ, which might prevent its impinging upon the opposite membrane with sufficient force to give rise to the "rubbing" sound?

The cause of the pericarditis is also obscure, but it was most likely an instance of inflammation, connected with a cachectic state of the system, and Bright's kidney, as pointed out by Dr. Taylor, of University College, though, as unfortunately, the kidneys were not examined, this is only a matter of inference, based upon the intemperate habits of the patient.

Dissecting aneurisms of the aorta are rare, the

instances at present on record being under twenty in number. The lesion was first described by Laennec, and afterwards more fully by Rokitsansky, who met with as many as eight cases. Isolated cases have subsequently been placed on record, and two of these quite recently, one by Dr. Todd, ("Medico-Chirurgical Transactions" vol. ix.) and the other by Dr. Thompson, (*Medical Gazette*, April, 1846.) In both, as in the present case, death was caused by rupture into the pericardium.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 7, 1846.

In calling attention to the subject of the registration on a late occasion, in the absence of any more apparent motives for opposition on the part of the heads of certain corporate bodies, we were induced to attribute such opposition to the natural prejudice which exists more or less in every human being to changes, the merits of which are imperfectly understood or appreciated. An esteemed member of our Association has deemed this expression worthy of comment, and addressed a letter by way of explanation of the actual motives which influences one of these corporate bodies in objecting to the enrolment of its licentiates with, and among, their brethren of the same profession. He gives as the reason why the Society of Apothecaries entered their protest against Mr. Wakley's bill that, "Since the Act of 1815 has been entrusted to that Society, they have taken every opportunity of protecting the interests of their Licentiates, both with Government and with the Poor-Law Commissioners, and acting upon the same principle, they entered their protest against the Registration Bill as so constituted; not because they have opposed registration, but because by it, all persons holding any diploma or certificate of proficiency whatever, were placed on the same footing with their Licentiates; while the trouble, time, and expense in the attainment of many of the vouchers were less than their candidates for license were required to bestow, and therefore they opposed the bill, because it militates against that which is most reasonable, namely, equal privilege for equal acquirement."

Now, had this objection come from either of the Colleges of Physicians or Surgeons, we might have been able better to comprehend its motive—to appreciate its force, since the estimation in which these latter bodies, whether correctly or not we shall not here inquire, are held by the general public, is at least equal to that of the Society of Apothecaries, and the station which their respective members hold in society, in no degree inferior. Neither does it appear, that the *Medicinæ Doctores*, the graduates of any British university, or college

whatsoever, nor the licentiates of any other corporate body, are likely to have their rank in society, or estimation with the public and the profession, in any degree raised by being placed on the same footing with the mere members and licentiates of the Society of Apothecaries. How the interests of these last, therefore, can in any degree suffer by being classed with physicians and surgeons in one body, for the purposes of being distinguished from the lower order of chemists and druggists practising as apothecaries, from the holders of purchased diplomas, and from itinerant and unqualified pretenders of whatsoever description, we confess ourselves unable to comprehend.

There is one sense, it is true, in which the interests of the Society of Apothecaries might be thought to be implicated by the admission of physicians and surgeons to registration as medical practitioners under Mr. Wakley's Bill. This, however, relates to what forms the opprobrium rather than the privilege of the *members* of the society, while it approximates the apothecary to the practising druggist, in measuring the value of his professional advice by the charge which he is enabled to make for drugs and appliances, and, in the same degree, reducing the estimation of his services with the public, and, in fact, sinks the member of a liberal and enlightened profession into the tradesman, whose remuneration depends mainly on the quantity of pills, powders, draughts, and mixtures, or other goods which he supplies. It would be with great reluctance that we could, for one moment, suppose that such a consideration had any influence in the opposition offered.

Putting, therefore, corporate interests out of the question, and looking only to the reason given in the latter clause of our correspondent's letter, as a plain and simple statement of fact, in which sense we are sure it is conceived and acted on by our correspondent himself, let us examine for one moment the grounds on which this so-called equality of qualification rests.

Doubtless, it is a very fitting and reasonable object to ensure for, and certify to, the public, that every individual possessing a license to practise medicine, or any of its branches, should be competent to, and duly qualified for, the same; and it has from the first been one of the objects contended for by the Provincial Association, that an equal and sufficient primary qualification should be required from every one entering the profession. But it is obvious that such a requirement can only be up to a certain fixed standard, and that beyond this there will be as much diversity of qualification as there is difference in natural talents, opportunities for observation, acquirements, health, and strength, both of mind and body, and numerous other circumstances over which no legislation can

exercise control. All that can be attained, therefore, in this respect, is a certain fixed amount of qualification, at which some possibly will barely arrive, but beyond which most will, in various degrees, proceed. Equal privilege for equal acquirement can therefore only refer to a minimum standard of qualification as a medical practitioner. Were it otherwise, not only must the members of every medical corporation be placed in a separate category, but the alumni of every college or school, and the pupils of each year, while the mere change in a professor, or examiner, in any one school, would produce a difference in the character and amount of the actual or certified qualification.

But if we are to have a registration at all, the past must not be too curiously looked into. If it be, not only shall we have the College of Physicians objecting to the qualification of the licentiates of the Society of Apothecaries, as not equal to that of their own members in medicine, and the College of Surgeons raising a similar objection to the licentiates of the Society of Apothecaries, in respect of their surgical attainments, but the fellows, licentiates, extra-licentiates, and members of various degrees of these colleges, and of all other colleges, claiming separate places on the register; and in the Society of Apothecaries itself, the licentiates of one year refusing to be registered with the licentiates of years preceding. We have heard much of the improvements introduced into medical education, by the extended curriculum, and increased requirements of the examiners of the Apothecaries' Company, and this improvement unquestionably forms the strong ground which the Society has upon the consideration of the profession. But what then becomes of equal acquirement among its licentiates? Who will say that the licentiates of 1816, 1826, 1836, and 1846, can found a claim for equal privileges on the ground of equal certified acquirements? But all such objections are futile in the extreme, for, however desirable it may be to ensure primary equality and sufficient qualification, actual equality, could it really exist, would be destroyed in the first six months of practice; while the actual qualification increases with each year of experience in real practical knowledge of disease and utility to the public, among all classes of the profession, in a proportion which must place any claim founded on the mere requirements of the schools, however necessary this may be as a foundation to commence upon, in a very low point of the scale.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT SOUTHAMPTON, September, 1846.

Since the discontinuance of the medical section, the proceedings of this Association have presented but little of interest on the subject of medicine, properly so called. In the accessory sciences of chemistry and natural history, however, some communications are usually made to one or other of the sectional committees, with which it is desirable that the medical profession should be made acquainted, and the section of physiology still remains as a point of union for medical men, and through which they may contribute to the general purposes of the Association. The following notices of certain of the proceedings of the committees are taken from an able report of the meeting published in the *Albion*.

SECTION OF STATISTICS.

President: Mr. G. R. PORTER.

Thursday, Sept. 10th.

The first paper read (by Dr. C. Taylor, one of the Secretaries,) was a "Report on the Medical Relief to the Parochial Poor of Scotland, under the Old Poor-Law," by Dr. Alison. It stated that as the objections made by Dr. Chalmers and others to establishing a legal and adequate provision for the poor in Scotland did not apply to medical relief, the efficiency of that relief, under the old Scottish law, would be a fair test of the efficacy of the voluntary system of charity. An association of medical practitioners was formed at Edinburgh, in November, 1845, to collect information on the subject. It appeared that in Edinburgh there was no provision for medical relief from the poor-funds, except for the in-door paupers in the Charity Workhouse. Previous to 1815, no assistance was ever given to the sick poor at home; and though since that period the duty has been gratuitously undertaken by the officers of several dispensaries, it had not been effectually or regularly performed. In the Canongate, the dispensary aid to the poor came to a sudden close in the midst of the late epidemic fever, in consequence of the death of one of the medical officers who had acted as treasurer. By the recent Act ten duly qualified and paid officers have been appointed to take charge of the sick paupers in the different districts. In Glasgow relief has been given by paid medical attendants for some years. Returns were obtained from forty towns, exclusive of Edinburgh and Glasgow, from which it appeared that in sixteen of these towns there was absolutely no required medical relief, either from the public authorities or from voluntary subscriptions. In four, an occasional payment, never exceeding a few shillings, had been made on special occasions. In Campbeltown £10 was allowed to the professional men during the epidemic fever. In Kirkintilloch a similar sum was given, but by a private individual. In Dundee during the same fever £5 each was allowed to six dispensary surgeons. In some other places £2 was given to a surgeon; and in others a small allowance was made for drugs. In anticipation of the new Poor Law, £10 has been allowed annually for medical relief in Alloa. In Dunbar £6. 6s., but this includes the supply of drugs. In Dunfermline £20 a year, not including drugs. In Greenock £25 per annum has been paid to each of three district surgeons. In Kilmarnock £10 each to

three surgeons. In Week £15 is divided between two surgeons. In Dumfries £10 to one surgeon. The unrequited medical labour is stated by twenty-five gentlemen, and ranges from £5 to £220 annually in value, giving an average of £40 pounds per year. But this is not the only tax levied on the charitable feelings of medical men:—in 90 per cent. of the cases they had to furnish wine, food, &c., out of their own substance; and in thirty-three of the forty towns brought under review, no change has been made in this system. Passing over the returns of infirmaries and dispensaries, supported by voluntary contributions, as rather imperfect, we come to the medical relief in the rural districts. The number of returns made amounts to 325. Out of these ninety-four have received some remuneration, but only thirty-nine annually. Of these thirty-nine, only thirteen have received sums above £5; twenty-six above £1 and less than £5; and nine £1 or under. Ten are paid by the bounty of private individuals; and of these one is paid £60 by a nobleman, and another £40 by a landed proprietor; both, however, have the charge of extensive districts, and, as there is no fund on which they can draw for drugs or necessities, there are large drawbacks to be made from the remuneration. Twenty-three have received gratuities for their services, chiefly during the prevalence of epidemics. In one case this gratuity amounted to £20; in fourteen it was under £5; in two cases it was only three shillings. In one of these cases this three shillings was the only remuneration for twelve years' attendance on paupers averaging seventy constant and thirteen occasional patients; in the other, the three shillings was a remuneration for passing paupers of other parishes, and *nothing was allowed for twenty-one years of attendance on resident paupers*, averaging forty-four constant on the district roll. Two hundred and eleven, or above 60 per cent., have never received any remuneration of any kind for their professional attendance on the parochial poor, or for the drugs which they have deemed it necessary to supply to them; and two hundred and eight add that they have had occasion to give wine, food, &c., from their own limited funds, and that they had occasion to defray all travelling expenses when they made distant visits. One hundred and thirty-six have estimated the money value of the unrequited labour which they have bestowed on the parochial poor: it amounts to £34,447 annually or an average of £283 each. The complaints of inattention to sick paupers by the parochial authorities are all but universal; and when applications were made for the repayment of different outlays, they were almost invariably refused. It was stated that since the abstract presented to the British Association had been compiled, several additional returns had been obtained, but they in no degree tend to weaken the general impression likely to be produced by the preceding statement, and it was therefore deemed unnecessary to tabulate them.

A brief conversation arose on the amount of benevolent sacrifice made by the medical profession generally, and hopes were expressed that the evils exposed by Dr. Alison would disappear under a better administration of the new Poor-Law.

Saturday, September 12th.

The Secretary read a paper, from Mr. Wigglesworth,

"On the Mortality of Children." It appeared that returns had been collected from 1987 families, in which the number of children was 10,076, giving an average of more than five in a family. The number of males was 5,091, and of females 4,985, which gives a proportion of fifty-one to fifty. From these he constructed a table, showing the number out of which one child would die in one year according to the experience of families.

Age.	Males and Females.	Males.	Females.
1	9.62	8.34	11.40
2	16.88	17.01	16.75
3	32.38	31.00	33.63
4	47.14	49.32	45.25
5	65.51	67.21	63.94
6	90.38	108.85	77.59
7	95.83	83.21	112.48
8	143.14	120.52	174.80
9	137.80	124.53	153.56
10	281.63	369.67	228.80
11	155.93	160.16	152.00
12	196.05	193.20	199.70
13	279.38	356.20	231.37
14	195.88	271.16	154.82
15	153.70	165.33	144.18
16	200.14	123.63	480.67
17	171.67	176.57	167.37
18	190.25	158.43	242.00
19	162.15	166.67	158.28
20	158.00	101.67	327.00
21	121.43	138.67	108.50

Taking the case of males and females conjointly, it will be seen that there is a gradual decrease from the first to the eighth year, and that there is an increase over the previous year in the 9th, 11th, 14th, 15th, 17th, 19th, 20th, and 21st years.—In males, these fluctuations take place in the 7th, 11th, 14th, 15th, 17th, 19th, and 21st years.—In females there is a general decrease to the 8th year, and an increase in the 9th, 11th, 14th, 15th, 17th, and 21st years.—A table of diseases was then exhibited, from which it appeared that more males than females died of nervous diseases and from external causes; but that more females than males die of epidemic disease, and diseases of the respiratory organs.—These tables, from family returns, were then compared with similar tables constructed from the Statistics of the Foundling Hospital, and were found to agree very closely in their results.

The Secretary read a report "On the Statistics of Sickness and Mortality in the City of York," furnished by Dr. Laycock. The report stated that it was desirable to have a more perfect system of registration; and recommended that the hour of decease, the length of residence in the place of death and in the locality previously occupied, and the state of the surviving family, should be recorded.

Tuesday, September 15th.

The Secretary read a paper, contributed by Dr. Guy, "On the Duration of Life in the Members of the several Professions, founded on the Obituary Lists of the Annual Register." The following table exhibits the average of such as had attained or outlived the specified ages:—

Age.	Army.	Navy.	Clergy.	Law.	Physic.	Learned Professions.	Fine Arts.	Literature and Science, English.	Literature and Science, Foreign.	Trade and Commerce.	General Average of England and Wales.	Nobility and Gentry.	Casper's Table of Medical Profession
26 & upwards	65.27	67.63	68.81	66.20	65.36	67.70	64.42	66.49	62.78	68.11			58.00
31	67.07	68.40	69.49	68.14	67.31	68.86	65.96	67.55	66.72	68.74			59.27
41	68.97	70.01	71.82	70.20	70.23	71.24	68.21	69.15	68.42	71.01			63.82
51	71.58	72.62	74.04	72.78	72.95	73.62	71.15	72.10	71.44	72.32	75.64	74.00	68.21

If we confine our attention to the last line of the table, we shall see that the duration of life among the higher classes is shorter than that of the mass of the people of England and of the provident members of the labouring class. In every age the navy possesses a very slight advantage over the army. The longevity of the clergy is superior to that of any of the other learned professions. The less favourable duration of medical life, in the tables published by Professor Casper, of Berlin, is to be attributed to his having included a lower grade of the professions than those whose deaths are recorded in the Annual Register, probably such a class as the general body of medical practitioners in England. Both, however, show that medical men encounter the most danger at the early part of their professional career, and this is more apparent when the column of medical life is compared with that of law life. From his own and other tables, Dr. Guy constructed the following summary of deaths at 51 and upwards:—

English Males	75.64
Clergy	74.04
Gentry	74.00
Medical Men	72.95
Lawyers	72.78
Navy.	72.62
Trade and Commerce	72.32
English Literature and Science	72.10
Aristocracy	71.69
Army	71.58
Foreign Literature and Science	71.44
Fine Arts, &c.	71.15
Painters	70.96
Chequists	69.51
English Literature (according to Chambers)	69.14
Members of Royal Houses (Males)	68.54
Kings of England	64.12

SECTION OF CHEMISTRY.

President: DR. FARADAY.

Thursday, Sept. 10th.

A paper was read, "On the Presence of Atmospheric Air and Uncombined Chlorine and Carbonic Acid found in the Water of some of the wells in the suburbs of Southampton, and their Action on Lead." By Mr. H. Osborn.—The principle object of this paper was to caution persons residing in the neighbourhood of Southampton, against the use of leaden pipes for conveying water, and to induce them to avoid the use of lead in any form for that purpose without having the water previously examined in order to ascertain whether it possessed the property of acting

upon the metal and holding it in solution. The author brought forward several instances of serious consequences which had resulted from the use of water impregnated with lead, and pointed out the different solvent principles found in the water; one of which was uncombined chlorine discovered in a spring in the New Forest. The water possessed the property of bleaching brazil paper, and reddening litmus paper by evaporation. The amount of uncombined chlorine was estimated as chloride of silver,—by deducting the amount of the latter contained in twenty ounces of water from that of the chlorine contained in the solid contents, the former weighing 1.2 more than the latter—thus indicating 0.296 of uncombined chlorine which is capable of uniting with 0.864 of lead, forming 1.16 of chloride of lead in the imperial pint. The lead held in solution by carbonic acid, and the oxygen of atmospheric air, was converted into chromate of lead, and estimated as chloride of lead, which indicated 0.25 or 0.2 of the oxide in twenty ounces of water. The solid contents in an imperial pint were found to vary from one grain to three grains, and to be composed of the chlorides of sodium, calcium, and magnesium, sulphate of lime, silica and vegetable matter. Notwithstanding the preservative property which the salts contained in spring water are said to possess, by forming an insoluble crust in the interior of the pipes, it was found that the leaden pipes had been in use for some years, and the action of the water on the lead still continued with as much energy as when they were first laid down, thus showing the presence of the above solvents, and that they met with no resistance from the presence of the saline matter.

Dr. Daubeny made some remarks pointing out the importance of the inquiry of Mr. Osborn, and the necessity of paying attention to the condition of the water supplied to towns through leaden pipes, or received in leaden cisterns.

Mr. PEARSON stated that he found that the presence of lead may be constantly removed from the water by the action of carbon, and that lead may be always separated by well agitating the water in contact with the air, and mixing up the sedimentary deposits.

The subject excited considerable attention, and many gentlemen joined in the conversation, all of them adducing additional evidence of the importance of investigating the condition of water supplied to large towns.

MEANS OF ATTAINING PROFESSIONAL SUCCESS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

There is something peculiarly melancholy in the reflection that, as society is at present constituted, industry and talent are no passports to success in the medical profession. It matters not who the individual may be—what his connections—what his theoretical and practical information—what his supposed prospects; if he do not keep pace with his brethren in all external appliances,—if he do not pander to the public taste by something visible and external, he may rely upon being consigned to a comparative oblivion. He will receive no return for the money laid out upon his education, no recompense for his untiring industry, no reward for the talents he would fain believe he has so well applied. His more fortunate but less-deserving brother, without one-tenth part of the information or the talent, if he has but luck enough to have inherited, or pluck enough to have borrowed, a few hundred pounds, wherewith to start a good “turn-out,” and maintain a tolerable appearance with the world, will find the high-road to a fortune long before his *gigless* rival. Why is this? Why is society so unjust in the distribution of her favours? Why does she lavish them rather upon the ignorant than the wise? And yet, perhaps, I should not say ignorant, for they must needs be wisest to this world, who best know its ways, and best turn them to a good account. For instance, he must be wiser, in one sense, (and that sense the most profitable,) who, in the absence of what *ought* to be essential to ensure success, makes the most of what *is* essential, as society now exists; than he who, having every real and substantial requisite which *would* have elicited support, in better and wiser times, neglects to call them into full play by taking the public as he finds them, and prostituting himself to their degrading tastes.

What can be more truly disgusting to a man of real talents and substantial acquirements, than, upon settling himself in some locality where he has made up his mind to labour and strive indefatigably, and impart to his neighbourhood some of those rich stores which he has amassed, during a long and expensive education, to find that all his views are to be thwarted, every prospect blighted, by some ignorant pretender, who, if he knows nothing else, knows one thing,—that a carriage is more dazzling to the public eye than the most splendid talent. What encouragement have honourable but needy men to labour on in a profession where true worth and merit are so ill requited?

An eminent physician once told me that he knew a surgeon of the meanest capacity, who *curricled* himself into the finest practice in the town where he resided; and when the curriple began to get rather flat, he took to riding on horseback, with his groom, having his master's coat strapped round his waist, behind. But, mean of capacity as this individual was, he well knew the world, and how to make that world his friend. He played into its hands; he pandered to its depraved tastes, and made up his thousand pills. Who can tell how often, in his daily rounds, he fell in with one in every way his superior,—one with whom, if measured by a just and equitable standard, he could not compete,

—one who, with every unappreciated acquirement, purchased at the highest price, was, perhaps, with a young wife and family, pining away in poverty and desolation. How different the prospects of the latter from what he once believed, and had a right to expect, they would be.

And yet, we are taught,—we are instructed, from earliest childhood, as the greatest stimulus to exertion, that true merit ever finds its reward. It may be so in some countries; but it is not so here—here, in what is called *great* England. Great indeed: but how much *greater* if she could but appreciate the worth,—the value, of her sons. Great indeed: but *greater* if she would not let intellectual dwarfs *with* *gigs*, supplant intellectual giants *without* them.

Far be it from me to wish to discourage by these remarks any who may be honourably, zealously, hopefully, striving to perfect themselves in the study of that profession to which mankind owes so much, and pays so little. I have no such intention: I harbour no such thought. I have only an anxious desire to place the matter before the medical public in its true light, in the hope that some who deserve to succeed, and have all the elements that should ensure success, may be led to combine therewith, an attention to external things, an observance of those minor (?) considerations, without which no physician or surgeon, in the present day, can attain popularity or renown. I have no wish to make others believe what is not true, that no man of talent and industry who has embarked in the medical profession will prove successful, while every fool will prove the reverse. There are, as we all know, many truly great disciples of Cæsculapius, who are reaping a rich and well-merited harvest. Indeed, in all probability, there is no inconsiderable town in England which does not furnish many examples to this effect. But we know the English character too well, (in reference to medical matters,) to believe that this success was alone secured by talent, unaided by other and adventitious circumstances. Talent in our profession will do very well when it can be bolstered up by a pair of horses and a phaeton, or even, where fashion does not run very high, by a one-horse chaise. But alone, without these helps—with shame be it spoken—talent is comparatively worthless.

What I wish to represent, and what I believe to be essentially true, is, that there are now scattered throughout Great Britain, thousands of medical men, who, barely acquainted with the rudiments of their profession, (having either purchased or been *crammed* for their diplomas,) are enabled by means of dashing equipages and liveried lackeys, to realize fortunes to which they have no legitimate claim; that there are thousands also of well-educated and talented individuals who, from one cause or another, are perhaps unable to earn by the exercise of their calling more than twenty or thirty pounds per annum. Some are too independent in spirit, and too determined to rely entirely upon those intellectual powers of which they are conscious. Others are too timid, too fearful of hazarding an expenditure in the purchase of a vehicle, little knowing how easily the world may be gulled by it. Others, again, have barely sufficient to preserve domestic comfort, much less to make an external show.

I have spoken thus freely, in the hope of assisting

some of the most deserving of our medical brethren, and of impressing upon their minds the absolute necessity of succumbing to the public taste in matters of this nature. If society will not patronise a doctor that does not keep a carriage, the sooner the doctor starts a carriage the better. It is indeed a degrading thought; but it is full of truth, and we must all act upon it, or be consigned to partial oblivion. We must feed our foolish patients with what is most agreeable to their palates, ever bearing in mind, that, for a medical man, the possession of a gilded toy of a carriage is better than the finest genius in the world.

I remain, Sir,

Your obedient servant,

October 1, 1846.

"HONESTAS."

IMPORTATION OF LEECHES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I observe an error in Mr. Brightwell's interesting paper "On the Medicinal Leech," published in No. 36, of the *Provincial Journal*, which it may be as well to correct. He says, "A leech, used for medicinal purposes, is found in considerable numbers in the Madras territory, and attempts have been made to export them from thence to the Cape of Good Hope, where leeches are very dear, but I believe the experiment has not hitherto been successful." Now, I can state from observation, that there is no unusual difficulty in transporting leeches between those places, and that they form, indeed, a most profitable article of commerce. The captain of my ship purchased 20,000 leeches at Madras, in January, 1841, for exportation to the Cape; 10,000 perished on their voyage of six weeks, yet he realized a profit on them of more than £100. Very little care was taken of them on the voyage; they were kept on deck, in brown earthenware jars, containing a thousand each, and half filled with mud and water. Little attention was paid to the removal of the dead leeches, and fresh water was not supplied to them often enough, or in sufficient quantity. With proper precautions, the loss, I am convinced, would have been comparatively trifling, and I am satisfied that leeches might be imported into England from Madras, by the over-land route, or even round the Cape, so as to afford a handsome profit to the importers.

The price of leeches at Madras is incredibly low. They are considerably bigger than the European variety, and draw a proportionately large quantity of blood.

I am, Sir,

Your obedient servant.

CHIRURGUS.

London, September 23, 1846.

ANNIVERSARY ARRANGEMENTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I deeply regret that the tenor of, or any incidental expression in, my letter, should be construed into an insinuation against the Local Committee or Secretaries of the meeting at Norwich, for every individual who attended the Annual Meeting must, I feel sure, agree

with me, that the courtesy and kindness of those gentlemen were exemplary, and deserved our warmest thanks. Their efforts were continually employed during our brief stay in promoting our comfort and pleasure; at the same time, in justice to myself, I think it right to state, that I did not neglect the suggestion of the Local Committee, for I wrote to one of the Local Secretaries a few days before the meeting. Still, I do not see how they could have altered my position, for there was no one I personally knew at the hotel I went to, which was one of the principal ones; and, with the very best of our present arrangements, how was the evil to be avoided. However, my sole object in writing my former letter was to prevent the same occurrence in future, and not to censure any one.

I cannot conclude without acknowledging the excellent arrangements made at our late visit to Norwich, by our worthy President and the Local Committees, to entertain us with so much that was calculated to make this visit a bright spot in our life's horizon.

I am, Sir,

Your obedient servant,

ONE OF THE COUNCIL.

September, 25, 1846.

HYDROPATHY AND THE BRITISH AND FOREIGN QUARTERLY REVIEW.

The number of the *British and Foreign Quarterly Review*, just issued, contains sundry speculations in Hydropathy, or as the reviewer interprets the term, the Cold Water Cure. The review professes to be a notice of sundry treatises by Dr. H. E. Schedel, Drs. James Wilson and James M. Gully, Dr. Herbert Mayo, Sir Charles Scudamore, Dr. Edward Johnson, Dr. Robert Hay Graham, Mr. R. J. Lane, and Sir E. B. Lytton, Bart., at least such is the heading attached; but, with the exception of two brief references to Mr. Herbert Mayo, we do not find that any of the matters contained in these works have been deemed by the reviewer worthy of the slightest allusion. The inference is obvious, that they are altogether undeserving of the attention of the profession. Nevertheless the reviewer ventures to place on record the following as among the more important impressions which have remained on his mind after a "careful examination" of the whole subject, including of course the works of the distinguished authors above mentioned.

1. We should be glad to see Dr. Currie's practice revived, (for the sake of experiment, at least,) in all its boldness, for the suppression of the general febrile paroxysm. On carefully looking over the evidence published by Dr. Currie and his cotemporaries, it is impossible to deny that they attained a larger amount of success in treating fever by water than other practitioners have done by other means. We have already pointed out how their practice has been misunderstood by modern writers. But while we regard this practice as well adapted for treating general fever, we find no proof that it is competent to meet the dangerous local complications with which fever is so often accompanied. These complications may reasonably be expected less

frequently, when the early treatment of fever is rendered more efficacious. But, when they do occur, we find nothing in hydropathic writers to show that lancets, leeches, blisters, &c., can be dispensed with.

2. In a large proportion of cases of gout and rheumatism, the water-cure seems to be extremely efficacious. After the evidence in its favour, accessible to everybody, we think medical men can hardly be justified in omitting—in a certain proportion of cases, at least—a full trial of it. No evidence exists of any special risk from the water practice in such cases.

3. In that very large class of cases of complex disease, usually known under the name of chronic dyspepsia, in which other modes of treatment have failed, or been only partially successful, the practice of Preissnitz is well deserving of trial.

4. In many chronic nervous affections and general debility, we should anticipate great benefit from this system.

5. In chronic diarrhœa, dysentery, and hemorrhoids, the sitz-bath appears to be frequently an effectual remedy.

6. We find nothing to forbid a cautious use of drugs in combination with hydropathic measures. On the contrary, we are convinced that a judicious combination of the two is the best means of obtaining the full benefit of each. The water-cure contains no substitute for the lancet, active purging, and many other means necessary for the relief of sudden and dangerous local maladies. The banishment of drugs from his practice was necessary, and perhaps natural, on the part of Preissnitz: the like proceeding on the part of qualified medical men superintending water establishments in this country, evinces ignorance, or charlatany, or both.

7. With careful and discreet management, in the hands of a properly qualified medical practitioner, the water-cure is very rarely attended with danger.

8. Many of the principal advantages of hydropathy may be obtained in a private residence with the assistance of ordinary moveable baths. Therefore, it can easily be brought under the direction of the regular medical practitioner.

9. In many cases, however, it is evident that what may be termed the mere *accessories* of the water-cure, are of extreme importance in bringing about a favorable result; and these accessories are frequently not available—or available in a very inferior degree—in ordinary practice. Among the more important of these accessories, we may mention the following as having relation to most of the chronic cases treated in hydropathic establishments:—1st, relief from mental labours of an exhausting or irritating kind, from the anxieties and responsibilities of business, from domestic irritations of various kinds, from mental inaction or ennui, &c.; 2nd, change of locality, air, scene, society, diet, &c.; 3rd, the fresh mental stimulus involved in the almost constant occupation of the patient's time, in the performance of the numerous and various dabbings, padlings, sweatings, washings, drinkings, rubbings, &c., imposed by the water treatment; 4th, the frequent and regular bodily exercise taken in the open air, or within doors; 5th, the powerful mental stimulus supplied by the confidence generally reposed by the patients in the means employed, and by the consequent hope, alacrity, cheerfulness, &c.; 6th, the total abandonment of vinous and other stimulants, and of drugs,—all of

which have, in a large proportion of cases, been tried, and found not only useless, but probably productive of disadvantage.

10. A certain and not inconsiderable portion of the benefits derived from hydropathic establishments are, however, attainable without them, by other means, as by travelling, &c., &c. For example, we suspect that many of the most striking results witnessed in such establishments, as in the case of Sir Edward Bulwer Lytton, or Mr. Lane, would have probably been obtained, if the patients had chosen to hire themselves, and had worked as agricultural labourers, in a dry healthy district, and had lived on agricultural fare, sufficiently nutritious in quantity and kind, for a sufficient length of time.

11. Notwithstanding the success of the founder of hydropathy, its practice by non-professional persons can neither be fully advantageous nor safe. At the same time, it is true that very little experience is necessary to enable an educated medical man to acquire sufficient insight into it for purposes of practice. Many of the best hydropathic physicians have, in the first instance, devoted very few weeks to studying the subject in Germany.

12. Many advantages would result from the subject being taken up by the medical profession. The evils and dangers of quackery would at once be removed from it. Its real merits would soon be known. The tonic portion of its measures might then be employed in conjunction with special remedies of more activity, which, no doubt, would often prove exceedingly beneficial.

13. The benefits ascribed to hydropathy, but arising indirectly from the abandonment of drugs, vinous and other stimulants, &c., may certainly be obtained without sending patients to Graeffenberg.

14. Finally, it must always be remembered that the distinction between quacks and respectable practitioners is one, not so much of remedies used, as of skill and honesty in using them; therefore, let our orthodox brethren be especially anxious to establish and to widen, as far as possible, this distinction between themselves and all spurious pretenders.—*"Artem medicam denique videmus, si à naturali philosophia destituitur, empiricorum praxi haud multum præstare. Medicina in philosophia non fundata, res infirma est."*

THE NEW HOUSE OF RECOVERY, LEEDS.

This new and commodious hospital for fever patients is now just ready to be opened. The House is situated on the hill to the north-east of the town, north of Burmantofts, in a situation where there is every possible advantage of good air, and of a fine prospect towards Woodhouse and Chapeltown. The approach to it is by Beckett-street, which is an excellent street, well paved, drained, and lighted. The House of Recovery stands on a slight elevation, sixty yards back from the street, within an inclosure of about two and a half acres, which will be laid out in grass plots, walks, and garden. The inclosure has a frontage of 117 yards to the street, from which it is separated by a low wall with a high iron palisading; and it runs backwards 111 yards. The House itself is handsomely built of brick,

with a stone portico : it is two stories high. The length is 253 feet, and the width 23 feet 6 inches, including a corridor running from end to end of 7 feet 6 inches wide. At each end is a wing or transept, 82 feet in length. The wards are 15 feet in width, varying in size so as to hold from one to four beds ; there are 42 wards in the whole, calculated to accommodate eighty patients. The height of the wards is 13 feet 6 inches ; and they are carefully ventilated, and warmed by the apparatus of Messrs. Haden, of Trowbridge. Nothing can be more agreeable and lightsome than the wards. There are of course accommodations for the resident medical officers, housekeeper, nurses, &c., and a good board-room. There is an ample supply of hot and cold water through the House, with four baths for the patients : the water is that of the Leeds Waterworks, brought to a large cistern on the roof. Running back from the centre of the House are the kitchens, laundry, wash-house, &c. The cooking and warming apparatus and the ironwork generally are fitted up by Messrs. Singleton and Tennant. The sewerage of the House is perfect ; and the building is defended by three lightning protectors. The whole establishment is most commodious and comfortable, as well as possessing a chaste and simple elegance of effect. The accommodation is for one-third more patients than the old House of Recovery. The total cost of the building, &c., exclusive of the ground, is not expected to be less than £6,000.—*Leeds Mercury*.

RAY SOCIETY.

The third Anniversary of the Ray Society was held during the meeting of the British Association, at Southampton.—Professor Bell, the President, in the chair. The Secretary, Dr. Lankester, read the report, which stated that, since the last meeting, the six works for the two first years' subscription had been issued ; and that the first volume for the third year, 'Meyer's Geography of Plants,' was now ready for distribution. The two other volumes for the third year, 'Burmeister on the Organization of Trilobites,' and the third part of Alder and Hancock's great work on the 'British Nudibranchiate Mollusca,' were preparing, and would be distributed before the end of the year. Several other works were announced as in preparation ; amongst them, Professor Agassiz's 'Bibliotheca Zoologica et Palæontologica,' Ray's unpublished 'Letters,' Linnaeus' 'Travels,' and Azara's 'Natural History of Paraguay.' The increase in the number of members since the last anniversary was above 150. The Society numbers now nearly 1,000. Professor Agassiz, in moving one of the resolutions, spoke strongly in favour of the value of the works already published by the Society.—*Athenæum*.

MEDICAL INTELLIGENCE.

Dr. Charles West has been appointed Physician Accoucheur to the Middlesex Hospital.

Dr. Williams, of Hayes, Middlesex, has been elected Medical Superintendent of the Lunatic Asylum, at Gloucester.

SHEFFIELD MEDICAL SOCIETY.

SIXTH SESSION.

The first meeting of this Society was held Oct. 1, 1846 ; Dr. Branson in the chair.

Mr. Turton was elected President, and Messrs. Law and Skinner were re-elected Secretaries.

Two new members were elected, and several papers were announced.

It was unanimously agreed that the following minute should be entered in the proceedings of the Society :—

"The Members of the Sheffield Medical Society feel it due to the memory of the late Dr. Favell, to record their deep sense of the loss the Society has sustained by his premature death ; and though they are well aware that the best proofs of his zeal and ability are to be found in the "Transactions" of the Society, they would not be doing justice, either to their own feelings or to his merits, were they to fail in expressing their admiration of his professional attainments, and their sincere regret for the loss of so valued an associate."

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted Licentiates of the College, on Wednesday, September, 30th :—Richard Quain, M.D., (Lond.) London ; Willoughby Marshall Burslem, M.D., (Edin.) London ; Protheroe Smith, M.D., (Aberd.) London ; William Francis Chorley, M.B., (Cantab.) Leeds.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, October 2nd, 1846 :—G. Houlton ; A. Ford ; J. Higginbottom ; R. C. Shettle ; L. G. Broadbent ; W. Smyth ; T. C. S. Corry ; H. Stevens ; G. R. Schofield ; G. K. Hardie ; T. F. Wall ; J. M. Joseph ; T. F. Janson ; P. P. Nind.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Members of the Association having suggestions to make for the improvement of the publications of the Association, are requested to communicate with Mr. Bree, of Stowmarket, Suffolk, the Secretary of the Committee appointed at Norwich to consider this subject.

TO CORRESPONDENTS.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

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"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells." "I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope. "I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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Worcester: DEIGHTON, High Street.

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 No. XLIV.
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Students, or their friends, requiring correct information, respecting the course of instruction at the College, should apply to some of the Professors, or to the Registrar. They are advised also to commence attendance at the beginning of the Session, although they are permitted to enter so late as the 25th of November; the date of entry being inserted in the returns forwarded to the Colleges.

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WEDNESDAY, OCTOBER 7, 1846.

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THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

OCTOBER 6th, 1846.

NOTICE IS HEREBY GIVEN, that the Subscription for the Membership of the NATIONAL INSTITUTE is fixed at One Guinea annually, both for Metropolitan and Provincial Members, and that the ELECTION OF A COUNCIL will take place in the last week in October. Balloting Papers will be delivered to every Member of the Institute as early as possible.

The principal objects of the Institute are,—to maintain an effective organization of the General Practitioners; to expose, discourage, and suppress, by Registration, and every other practicable means, illegal and unqualified practice; to employ all legitimate means for the purpose of urging upon the Government and the Legislature, the claims of the General Practitioners of this Country, to Corporate rights; to promote a high standard of education and qualification, with a satisfactory test by efficient examination, for every individual authorized by law to practise Medicine, Surgery, and Midwifery; and to form, irrespective of the Special Colleges, an Institution, comprising within itself the entire range of Medical and Surgical knowledge.

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By order of the Sub-Committee,

GEORGE ROSS,

Secretary pro tem.

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THE TRANSACTIONS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

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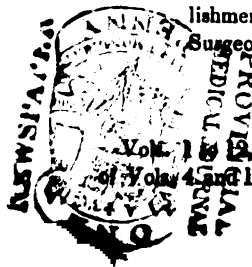
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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ADDRESS, DELIVERED AT THE OPENING
OF THE PRESENT SESSION OF QUEEN'S
COLLEGE, BIRMINGHAM.

By the REVEREND CHANCELLOR JAMES THOMAS
LAW, M.A., Vice-Principal of the College.

Gentlemen,—It was my expectation that the business of our last collegiate year would this day have concluded with the distribution of prizes; and such an ending would doubtless have been both graceful and appropriate. But as circumstances require that this gratifying ceremonial should be delayed for a short time, I forthwith proceed to obey the directions of the Professors, in addressing the members of the college who are here assembled, such an address having always been considered to constitute the commencement or opening of a new collegiate year:—May it please God to grant us the will and the ability to work the great educational work before us! And have we not encouragement in the retrospect to stimulate our every energy? Who can look back upon the progress hitherto made by our distinguished founder, Mr. Sands Cox, during his twenty-one years of untiring energy and labour, without acknowledging how much he, and we, his coadjutors, owe to the fountain of all goodness,—to the God of mercies, infinite in number, —all enduring, all pervading.

Twenty-one years ago, (in October, 1825,) our incomparable founder commenced his system and course of lectures in a back room in a private house, and now we are here assembled in a hall of ample dimensions, and most collegiate appearance. At first all depended on the enterprise and genius of one public-spirited individual. Now we can count upon the co-operation of many friends of talent, influence, and fortune, in various walks of life. Have we not at our head that most distinguished philanthropist, the Rev. Dr. Warneford? Have we not in the chair of Council a nobleman of the very foremost rank in early literary distinction, full of promise, and universally respected? Have we not the honour of numbering among the most valued members of our Council the Lord Bishop of the diocese? Have we not, among the chiefest of our friends, that highly-gifted individual, Mr. Vaughan Thomas? Have we not the aid of professors of acknowledged acquirements and established reputation? Have we not tutors carefully selected for such qualifications as seem to fit them for their very arduous posts? And is it not our high privilege to have still among us, in the matured vigour of his age and intellect, the same untiring spirit which, under God, brought our collegiate system into being? In place of the little

No. 41, October 14, 1846.

back room in Temple Row, have we not now three museum rooms, and three halls of study, and dissecting rooms, and a library, and a consecrated chapel; three suits of rooms for tutors, and twenty-six apartments for students; and, in prospect, a new theatre, and more collegiate rooms? And as to our system of study,—our college lectures,—our clinical lectures,—our hospital practice,—our dissecting practice, has it not been our privilege and pleasure to observe, on the whole, our system work well—yea, steadily and successfully progress? We have seen the tree of the knowledge of what is good and great in medical science, grow under our own eyes. He is here who planted the tree: we have watched its opening buds and blossoms; we have assisted in gathering its ripened fruit. This very day we were to have distributed, and, in a few days we shall distribute, (God willing,) prizes for excellence in various branches of scientific pursuit; and, unless I greatly mistake, many a young heart has already felt the throbbing of emulation, and beats high with aspirations of zealous competition for the medals, the scholarships, and certificates of the coming year. If we had only the Warneford Essays to prove that the time past has not been thrown away,—to make manifest the results of our system, I should not fear submitting them to the scrutinizing eye of the scientific critic; or, if we could only point to the situation now filled by those who have passed through the ordeal of our college, and have settled in life, seated down in our own immediate neighbourhood, I should not fear the judgment of an enlightened public, with regard, I mean, to our past efforts as a school of medicine and surgery.

Not six months ago I held out a small additional encouragement to our young college prizemen, according to a scale increasing in amount till we came to those who gained four prizes. At first an opinion seemed to prevail that none could reach high enough to pluck that fountal bunch of grapes, so temptingly placed in view, but too high they thought, above them, tantalizing, but out of reach. One, however, and then another, did reach high; one at least, high enough, did pluck the rich bunch, and, if I do not greatly mistake, found the grapes were not sour.

Looking back then, I say, to what we have done, testing our system of study as first adopted by its results, have we not much to be thankful for? May we not hope that a generous and confiding public will take an interest in our onward course of usefulness; whilst we of the Council, we who have seen the tree of the knowledge of what is good and great planted in this College; we who have seen it take hold of the

ground, shoot out its fibres, and spread forth its branches, shall not we continue our services as long as required in zealous co-operation? not omitting here, that to the College of Surgeons, and to the authorities at Apothecaries' Hall, we have been much indebted for having laid down, within the last few years, an improved curriculum and enlarged system of professional study, according to which we have regulated our medical and surgical lectures, and have prepared ourselves with almost uniform success for the ordeal of their examinations.

So much for times past, and past events. Now let us look forward.

The work before us, in preparing for which we have been recently much engaged, is most important; it is the addition (addition to the former professional avocations of the place,) of a system of classical and mathematical study, together with instruction in the modern languages, and with (not last, nor least, rather first and foremost,) a systematic teaching of christian doctrines, and church history, and the inculcation of moral duties on a scriptural foundation; from which combined studies may we not venture humbly but hopefully to look for much fruit of intellectual culture, for more bunches of luxuriant grapes. Who has not noticed the care required for expanding the beauties of a garden flower, or for protecting the growth of the herbs, and roots, and corn we feed upon. Even so, we maintain, in the culture of the human mind, and the education of youth, to be successful we must carefully prepare the ground of the heart, and we must do so from the beginning. We must sow the seeds of instruction, moral and religious, classical and scientific, in early life, if we desire they should take deep root, and shoot up vigorously, and bear fruit in due season, some sixty-fold, some an hundred. Hitherto in our efforts to carry out the medical and surgical collegiate system, the chiefest difficulty we have had to encounter—our most serious obstruction—has arisen from a want of adequate early training, from the want of a sufficient substratum of classical and mathematical learning, based on a knowledge of the Church of England mode of teaching the will of God. I have just noticed how much careful preparation is necessary even for the successful culture of a blade of corn in a farm, or a garden-flower. In the same way I might illustrate and strengthen my argument by turning your attention for a moment to almost any one of the numerous manufactures with which this busy commercial city teems, and ask you to observe how very early youth is trained to skill in most of our branches of manufacture; and, unless the limbs and muscles acquire an early aptitude, they never become sufficiently pliant and supple; even so, we say, the manners and habits of the medical student should be formed and fixed by early training. So great indeed, generally speaking, is the importance of early training, that it has become almost a proverb, that the excellence of a great and good man may be traced to his mother's care; that a good mother lays the foundation of goodness and greatness in her son.

Hitherto we have sadly needed, not this training exactly, but we have needed a fitting preparatory training in classics, mathematics, and divinity, for our collegiate system. The young surgeon has begun as a country apprentice; the shop has been, as it were, the

nursery of the young student, and in too many cases he has experienced there only the neglect and harshness as it were of a cruel stepmother; too little oftentimes, if any at all, of parental care. Alas, sad and degrading has been this early and long drudgery in the shop. In how many cases has the man suffered all his life long for the neglect of the boy?

Our founder, with that quick perception for which he is distinguished, did not fail to observe this evil. He perceived how it acted prejudicially against the student before he came, and when he did come, into College. He saw the necessity of commencing his system earlier, and he suggested it to the Council. The Council, ever wishful and emulous to promote whatever is for the benefit of the College, hastened to place the matter in a proper business train, and took means to have several reports drawn up and circulated, embracing the organization of what we call our junior department. It is that which we begin to day—viz., a system of preparatory classical, mathematical, and divinity reading, and tutorial supervision, according to which the student in the junior department, is trained to College life, by two years discipline at the residence of his private tutor.

We are not singular in our efforts thus to raise the tone and standard of the mind and manners of youth in this country by education. Much improvement has been effected in various ways at the Universities of Cambridge and Oxford. The professional education of the candidates for orders is much more carefully attended to than it used to be. And as to the education of the lower orders, it is surprising what zeal has been manifested in almost every country parish, and town, and city, by Sunday schools, and infant schools, and national schools, and normal schools, with a view to leaven the mass,—in order to make the mass of the people more moral, more religious, more intelligent.

Now, granting to the fullest extent, the general position that a good education is a blessing to each and to all, I wish for your concurrence in maintaining that (if we except the clergy,) there is no order of men whose education is so important to the interests of the community at large, as that of the future medical practitioner. And I will crave your indulgence, whilst I am adventurous enough for once to assume the character of a seer, and predict as far as a humble mortal dare predict anything, that the time will shortly come, when, by means of education, his proper place in society will be awarded to the medical practitioner, and his sphere of usefulness thereby extended.

Till now, just when the medical student was throwing off the school-boy, and putting on the young man, with a young man's ardent aspirations—a young man's peculiar sensitiveness—a young man's quick perceptions, he has been bound down by the apprentice-system, with its degrading offices and menial employments. Thanks to our admirable founder for stepping in as he has done, so opportunely with his junior department system, evincing in this as in other instances, how truly he is the friend of the young students' best interests, and how ceaseless are his efforts to raise and elevate his class. The first start in a noble profession is now, thanks to him, in the right direction,—noble profession, I say; for, what can be more ennobling than the studies of the future

surgeon and physician? All the wonders of animal and vegetable life are laid open before him. He has to study the philosophy of vegetation; for, from vegetables are extracted valuable healing medicines, and vegetables form a very nutritious portion of the food of man. He has to make himself familiar with the structure of the globe which we inhabit, with its strata of coal—its layers of lead—its mines of copper—its masses of iron, for some of our most active stimulants and valuable medical agents, are extracted from, and supplied by, the mineral world. And though others know as well as the medical man, the practical value of coals when they return weary and wayworn home to a cheerful fire on a winter's night; and the practical value of iron and steel, when the warm fire blazes through the bars of the grate; and the value of copper, when the steam from the bubbling water of the copper tea-kettle, prepares for them a delicious mixture of invigorating bohea. The industrious poor man knows full well the value of those useful vessels of iron, tin, and copper, which form the furniture of his homely cupboard. But chemistry and geology are needed, before the poor or the rich can thus be benefitted by the use of the ores wrought from the mine. And the chemical and geological researches, to which our students are invited, familiarize them with the properties and uses of these invaluable metals, by which mankind are benefitted.

Again, the study of the human frame: is not that sublime and beautiful? Does not the word of inspiration tell us that man is the last best work of God? Can any medical man pretend to any real celebrity, or to occupy any high position safely, who has not carefully studied the mechanism of the human body, with its multiplied parts and its varied functions? In cases of fracture or dislocation, can the life of a man be safely entrusted to one who has not a knowledge of our exquisite framework? "I will praise Thee," said one who was ever looking up from nature to nature's God, "I will praise Thee, O Lord, for I am fearfully and wonderfully made; marvellous are Thy works; and that my soul knoweth right well. My substance was not hid from Thee, when I was curiously wrought: Thine eyes did see my substance yet being imperfect; and in Thy book all my members were written." This fearfully-wonderful and exquisite work of God, the human body, is, as it were, the text book which the student daily reads from, thinks upon, and should dream about, (if he dreams at all.)

Now, put these studies together,—the study of chemical agents and affinities; the study of geology; the study of the mechanism and functions of the human body; anatomy, physiology, pathology, therapeutics, forensic medicine, midwifery, pharmacy;—add thereto the study of botany; then say, are not these studies of the medical man pre-eminently interesting and engrossing? Are they not calculated to fill the mind with great and noble ideas? Is not the acquisition of them calculated to place him high, very high, in general estimation? And is not he, our founder, worthy of thanks and honour, who, by doing away with the obstruction of the old system of apprenticeship, and introducing the new plan of our junior department, has thus given full play to all that is good and great in the profession.

Among the heads of the profession in cities and

populous places I know, we have long seen distinguished examples of all that is great and good. Our desire and object is, that the surgeon in small towns and country places should also be, from early association,—early training,—the influence of classical literature,—and the inculcation of christian morals; we wish that he also should be such in himself as to command respectful consideration from all ranks. Depend upon it, refined tastes and feelings, and a cultivated christian mind, must have their weight—must make their way.

But why, you may ask, why do I, on this occasion, so single out, and especially dwell upon, refinement of character, and elevation of tone? For this reason. The indefatigable industry of our founder and his coadjutors has, during the last twenty-one years, advanced our system so many steps, and carried us on so far, as to leave this, in my estimation, the one great remaining desideratum. Towards this last great result, my thoughts, for one, I must confess, are intently fixed. With me it is the crowning point of our great system of collegiate medical and surgical education. Some who hear me are parents, perhaps, or guardians, perhaps, of future students; or, may be, we already number their sons or their wards among the members of our body. Would they wish me to have said one word less than I have in impressing upon those most interested in the welfare of our college, an attention to moral elevation, and the requirements of refined social intercourse? Will they not allow—yea, be among the first and foremost to allow—that no rank of men are called upon to have more daily intercourse with the world, and consequently there are none (unless we except the clergy,) who have such continued opportunities of acting upon the public mind, and of improving, or the contrary, the general tone of society?

When the young child is brought into the world, the medical attendant at the bed-side, by his watchful care prevents, or by his skill alleviates, pain and sorrow. The aged man seldom sinks into the grave without the previous gradual failure of one or more of the springs of motion, the faculties of the mind, the organs of digestion, the functions of life, and during the progress of decay, the soothing care, and the skill, and the appliances of his medical attendant are in daily requisition, and the physician and surgeon are as chief friends. Mid-life is not exempt from its fearful bodily ailments, obstructions, and casualties, when the disciple of *Æsculapius* hastens to relieve the afflicted sufferer. Many come into the world with debilitated constitutions, which need the unceasing watchfulness of the medical attendant. Many by imprudence disorganize, or by a course of sin injure, a naturally vigorous constitution. By sea, by land, in doors, abroad, on foot, in carriages, on horses, accidents happen, when the young and the old are thrown indiscriminately upon the bed of sickness; in short, scarcely one among thousands passes through life without, at one time or another, if not oftentimes, calling upon the skill and care of the practitioners in medicine and surgery. Would you not, then, have those practitioners well instructed, well conducted, enlightened? Especially in attendance upon the female portion of the community, are not morals and manners very important? Should not the young female be treated with all possible delicacy, in those numberless

cases wherein its exercise, or the absence of it, in the sick room, is so much felt, and made so very apparent? Husbands in the case of their wives, fathers in the case of their children, will have reason to thank us if we contribute, as we would do, by our system in this College, to the education in medicine and surgery, not only of the skilful practitioner, but of the moral and religious man, and the accomplished English gentleman. This is our aim and object.

Drawing towards a conclusion, I beg now to thank the students generally, and the professors, and the members of the Council in particular, for the kind indulgence with which they received my imperfect services as *pro tempore* warden during my four months' residence among them at the conclusion of last term. Attempting, however feebly, to carry out into practice that system which in this address I have recommended, my first object was to treat the medical students as gentlemen, whilst I expected from them regularity, order, and discipline; and they were regular, they were orderly, they did maintain discipline. My study was never to act as a spy upon their movements, but to treat them with entire confidence, and that confidence was not to my knowledge in any instance abused. From the experience then of those four months, I would venture to augur well for the future. Collegiate rules are essential to the comfort of all, and the happiness of all—without such rules there could be nothing but confusion; therefore, obedience to rules becomes imperative. My young friends well know this. They know that they are sent here to gain a knowledge of their future profession in all its branches, and that without study no genius can make them accomplished practitioners. There is no royal road to an acquaintance with the bones, and muscles, and nerves—to a knowledge of the symptoms of internal disease—to a knowledge of the properties of minerals and vegetables; intuitive perception cannot teach them the diagnosis of disease, pharmacy, pathology, or hygiene. May I then hope, that my young friends will press forward in the course of study, and give themselves up steadily to their professional avocations in the college, and at the hospital, in the lecture-room, and in the dissecting room. The importance of this year, with regard especially to the junior department of the College, is greater than I can well express. If we begin well, we may hope to fix the confidence of the public, and to confirm their patronage, and thus greatly extend our means of usefulness. In addition to which, be it remembered, we have placed ourselves in the foremost rank, by originating our present system of improved medical education in the junior department. If we fail we may throw back and discourage similar attempts in other places. But if we succeed, we may thereby raise the whole platform of medical and surgical education, and thus contribute, according to our means, towards an important national work. As a small additional incentive to study, I propose at the close of this academic year, to divide among the prizemen generally, in-doors and out, the sum of £100. £5 to such as gain one prize; £15. to such as gain two prizes, and so in proportion, as far as the sum I have mentioned will extend.

Finally, my young friends, to Him, I commend you without whose aid all our efforts are useless. To him who alone is able to give you ability, strength, and

perseverance. To Him who alone can enlighten your understanding, fill you with his spirit, and thus carry you onward on your way rejoicing, respectable and respected, approved, successful.

ON THE ADMINISTRATION OF COD-LIVER OIL IN TUBERCULAR DISEASES OF THE LUNGS.

By JONATHAN TOOGOOD, M.D., Torquay.

The cod-liver oil (*Oleum Jecoris Aselli*), has long been known as a remedy for chronic rheumatism, but it does not appear to have been much employed in this country in other diseases until lately. Many ages ago something remedial seems to have been known to be in the liver and entrails of fish, for it is recorded in the "Book of Tobit," that the heart and liver of a fish were used to perform magical operations, and that the gall was employed as a cure for blindness. This proves at least some notion to have existed on the subject when that apocryphal book was written. The attention of the profession has been directed to the cod-liver oil within the last few years, and many cases are recorded in which it has been given with success in scrofulous diseases, tubercular affections, and rachitis, and still more recently, in tubercular diseases of the lungs. The opinions of medical men agree generally on its efficacy in many of the diseases in which it has been administered, although they differ widely on its beneficial effect in pulmonary affections. It is held in high estimation by the German physicians, who employ it extensively with great success, and in this country Dr. John Hughes Bennett has added his valuable testimony to the benefits which have resulted from its use in a treatise published in 1841,* in which he relates remarkable cases of recovery from tubercular disease of the lungs and hemoptysis, which have occurred in his own practice and that of others.

In the retrospective address delivered at the twelfth Anniversary Meeting of the Provincial Medical and Surgical Association, Dr. Cowan, after adverting to its successful employment by Dr. A. Burggrave, Mr. Chalk, and Dr. Pereyra, concludes by saying, that the disgusting nature of the remedy is no small objection to its use, and anticipates its sinking into its former obscurity, and the Editor of the *Edinburgh Medical and Surgical Journal* declares it fit only for the stomach of an Esquimaux. It has been given by Dr. Percival, and Dr. Bardsley, of Manchester, with signal success, and within a short time a highly celebrated professor, at Edinburgh, told me that it was impossible to resist the body of evidence in its favour.

Such conflicting testimony can only be reconciled by a patient, extensive, and unprejudiced trial of its virtues. That it is an offensive medicine at first, must be acknowledged, (although in the opinion of some, not more so than some other medicines of that class,) but the objection to it is overcome much sooner than may be expected, and notwithstanding the first few doses often occasion nausea, the stomach soon becomes accustomed to its use, and large doses are easily borne, even by children, in its pure state.

In a class of diseases of such an unmerciful character

* "Treatise on the *Oleum Jecoris Aselli*."

as tubercular phthisis, so common, and so generally fatal, as hitherto to baffle the skill and researches of the most eminent physicians, it appears but reasonable to give every remedy which offers a chance of relief a fair trial. The opinion that tubercular degeneration of the lungs, and of the bronchial glands, is much more frequently susceptible of a favourable termination than has usually been supposed, is gaining ground, and if the cases are selected with judgment, and this remedy be carefully employed and persisted in for a sufficient length of time, the experience of competent judges encourages the hope of success, and is sufficient to warrant its exhibition. By the aid of auscultation disease of the lungs may be detected in its earliest stage, and the commencement of the disease offers the best time for stopping its progress. The oil may be administered with confidence, and best prospect of success, when no other symptoms are present which contra-indicate its use, but it has been given in cases in which the physical signs have yielded unequivocal proof of disorganization of the lungs with marked success. The pectoral symptoms have been greatly relieved, and the patient has gained flesh and strength.

My own experience is too limited at present to offer a decided opinion on its merits, but in every proper case in which I have witnessed its effects, it has not disappointed me. Whether or not the oleum jecoris aselli be given under more favourable circumstances in this locality, so justly celebrated for the mildness of its air, and so well adapted for all persons labouring under pulmonary disease, I cannot undertake to determine, although it seems very probable; but I can conscientiously state, that under the combined effects of both, I have witnessed extraordinary recoveries, which, in the opinion of experienced physicians, would have terminated fatally under different treatment, and in less congenial situations. The oil is a valuable remedy in all cases characterised by deficient action in the system; but it cannot be supposed capable of benefitting *invariably* any of the diseases for the cure of which it has been highly extolled. It requires great practical tact for its successful administration, and no remedy demands greater attention to the circumstances which indicate, as well as those which contraindicate, its use; and in some cases it is necessary to conjoin other treatment, which must be determined by the judgment of the physician. It is of paramount importance to obtain it genuine from a source which can be relied on,* as a spurious oil is often substituted for it, which is not only exceedingly offensive, but inert in its effect, and brings its employment into disrepute. It seems probable that this remedy will have a fair trial in this town and neighbourhood, as one chemist alone has supplied upwards of thirty gallons within the last nine months.

The following quotation from the report of the Registrar General presents a melancholy picture of the dreadful ravages of consumption, and is quite sufficient to justify any plan of treatment which offers even a remote chance of benefit:—

"It appears that in 1838, 59,025 persons died from consumption in England and Wales, of which number, 27,935 were males, and 31,090 females.

* It is to be procured genuine from Duncan and Flockhart, North Bridge, Edinburgh.

"In 1839 the deaths were 59,539, of which number, 28,106 were males, and 31,433 females.

"In 1840, 90,823 persons died of diseases of the respiratory organs, of which number 31,090 English women died of consumption in one year.

"Twenty-seven and-a-half per cent. of the total number of deaths were from diseases of the respiratory organs. Eighteen per cent. died of consumption, which disease was more fatal to females than to males by eight per cent.

"The higher mortality of English women by consumption, may be ascribed partly to the in-door life which they lead, and partly to the compression, preventing the expansion of the chest, by costume. In both ways they are deprived of free draughts of air, and the altered blood deposits tubercular matter with fatal facility. Will not this impressive fact induce persons of rank and influence to set their countrywomen right in the article of dress, and lead them to abandon a practice which disfigures the body and strangles the chest, produces nervous and other disorders, and has an unquestionable tendency to implant an incurable hectic malady in the frame? Girls have no more need of bones and bandages than boys."*

That improper compression of the chest, by impeding the natural functions of the lungs, may, and often does, occasion disease, cannot be denied; and it is equally true that the artificial expansion assists in removing it. Of this I lately saw a striking example in the case of a physician, whom I met at Professor Simpson's. He had suffered a long time from obstructed respiration, and had received much benefit from a steady perseverance in inhalation, by which the capacity of his chest had been increased one inch and a half by measurement.

At a future time I propose to illustrate these observations by cases, with the stethoscopic signs, several of which are steadily progressing towards recovery.

* Second Annual Report of the Registrar General, for 1840.

CASE OF ACUTE GLOSSITIS.

The following case of acute glossitis, recorded in the *Southern Medical and Surgical Journal* by Dr. Hamilton, affords some points of interest in connection with the cases recently communicated by Dr. England, of Wisbeach* :—

A black servant came from one of the western states, where many individuals had died of a disease called black tongue. After his arrival, he waited for three weeks on his master, who had received a fracture of the thigh; when, about eleven o'clock in the forenoon, he was heard to complain of a slight smarting sensation in his tongue, affecting mostly its right side:—"Within four hours afterwards, or by three o'clock in the afternoon, this sensation had assumed the character of a constant pain, attended by a sense of heat; and notwithstanding neither his pulse nor skin as yet indicated fever, it was thought proper to prescribe a dose of sulphate of magnesia, which he took without delay. In the course of the afternoon, and before the operation

* *Provincial Medical and Surgical Journal*, Sept, 23rd, p. 453.

of the salts, headache came on, with increased secretion of saliva, and a sense of burning in the skin on the right side of his neck, his description of which agreed with that of erysipelas. Neither swelling nor hardness anywhere appeared, except in his tongue, which was now perceptibly thickened and somewhat rigid; it was, too, a little more florid than is usual in the healthy state, yet it was moist, and but slightly furred. At seven o'clock of the next morning, his medicine having produced three or four alvine evacuations, his headache was abated, and he thought his case in other respects no worse. His pulse, however, had begun to indicate a febrile movement, his articulation was impaired by increased rigidity and tenderness of his tongue, and a long cylinder of viscid saliva hung from his mouth. This body of saliva, which he was unable to discharge by the action of his tongue and lips, he occasionally removed with his hand, but by an active secretion it was immediately reproduced. By one o'clock in the afternoon, the case had made fearful progress; the patient's skin was hot and dry; his pulse had acquired a firmness and frequency much above the healthy standard; and the hardness and tenderness having extended from his tongue to all the parts embraced by the rami of the inferior maxillary and the hyoid bones, he was without the power of articulating a word, and at every breath he groaned." Under the free use of the lancet and tartar emetic, the patient became relieved, and finally recovered.—*Lancet*.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 14, 1846.

The excessive competition which an over-crowded state of the profession has produced among what—in imitation of the term assigned to the more active labourers in another profession—may be called its working members, may be easily shown to exert a most injurious influence on the whole body. If the church has its poor curates, the medical profession has no less its union and club-doctors, and that necessity which is felt of struggling for a bare subsistence, when, from various adverse causes a return more suitable to individual merit, and to services rendered, cannot be attained, too often forms an excuse for various artifices and condescensions, unworthy of the intellectual standing and acquirements of those who have recourse to them.

It is on all hands acknowledged that the labourer is worthy of his hire, and yet in these utilitarian days, when the *cui bono* is the consideration which everywhere speaks first, and loudest, and last to the understanding, we find the most enormous inconsistencies in apportioning the hire to the labour performed. Were we to estimate the value of certain individual possessions by the gross amount of pounds, shillings and pence, paid or offered for their

preservation, we should have daily and multitudinous proofs, that what has in days of old been deemed above all price, is now literally of less account than an old song. Men,—educated men—the so-called wise and learned in this world—even utilitarian philosophers, may everywhere be found, who, for the gratification of a taste, or the sensual indulgence of an appetite, will give of their substance, and give liberally and without grudging. They will squander extravagant sums on those who contribute to the passing pleasure of an hour; while, to the assiduous attendant on the couch of sickness, who spends his days and often his nights in administering relief to human suffering, and whose aim and object it is throughout the whole of his busy life to arrest the progress of disease, to preserve health to the healthy, to restore health to the sick, and where it is permitted him, to stay even the hand of death, a miserable pittance is niggardly dealt out. Those daily cares in which the comfort, and health, and lives of hundreds are concerned, are estimated at the same price, or less, than the exertion of an hour on the part of those who contribute to the indulgence of a perverted and vitiated taste.

The causes of this vast difference in the real and the estimated value of life's best blessings, are worthy of investigation by the genuine philosopher, and it might be recommended to the Statistical Society as a subject for their investigation, to calculate the value of human life and health from the returns furnished by the Union medical officers of the cases of severe diseases annually attended by them, the time devoted to such attendance, the labour bestowed, the talents and skill applied, and the estimate placed on such skill, talents, labour, attention, and time, as well as on the health and lives of so many human beings, according to the amount of actual pecuniary remuneration, minus, of course, the expenses of drugs, appliances, &c., bestowed.

It would indeed seem that the estimated value of some objects is precisely in an inverse ratio to their real value. Medical men are but too well assured of this in their own case, by ample and personal experience. But the same method of dealing is pursued in other estimable objects, and with other labourers in what is truly beneficial and important to the best interests of mankind. Thus we hear from a clergyman, that he has been offered by the local board the chaplaincy of a Union Workhouse, belonging to six parishes, at the salary of thirteen pounds per annum. This then is the value set upon the religious instruction of hundreds, and the spiritual consolation administered in the hour of sickness, and on the bed of death, to a large proportion of their number. We have inferred that excessive competition, the result of an over-crowded state of the medical profession, has

contributed to lower the rateable value of the services of medical men; but some other cause must be sought for here, for among the clergy neither does this over-crowding exist, nor is there a similar competition.

Still we fear, that with respect to the medical profession, with which alone we are concerned, it is the low estimate which they place on their own services, and the system of underbidding each other in the kind of Dutch auction to which Union and club offices are submitted, which tends much to reduce their standing with the public, and to lower the marketable value of the really inestimable services which they perform. If a medical practitioner will undertake the medical care of a well-paid class of labourers at two-pence a week per head,* who shall say that he gets less than his merits entitle him to. Such a contract is in fact a specimen of combined folly and knavishness in both parties, and both alike must suffer,—the one in the estimation of his professional brethren, and in loss of standing with the public; the other in giving his weekly two-pence for what he will not obtain, for it is too much to expect, that a medical man who condescends to such a contemptible transaction, either will or can give the attention contracted for, when called upon to do so.

* See the letter signed "Honestas," in another column.

Observations and Essays on the Statistics of Insanity; including an Inquiry into the Causes influencing the Results of Treatment in Establishments for the Insane: to which are added the Statistics of the Retreat, near York. By JOHN THURNAM, Licentiate of the Royal College of Physicians of London, Resident Medical Superintendent of the Retreat, near York, &c. London: 8vo. 1845.

This is a most valuable contribution, not merely to the statistics of insanity, but to many other subjects of investigation connected with the condition of those of unsound mind. The work contains—1st, the General Statistics of Insanity; 2nd, Essays on the Liability to Insanity; 3rd, the Statistics of the Retreat; and, 4th, in an Appendix, the Statistics of the York Lunatic Asylum, and Contributions to the Statistics of the Society of Friends. The limited space which we can devote to notices of this description prevents us from entering into the consideration of the many interesting and important views brought forward, we are compelled therefore, to be content with a brief indication of the general nature of the work, and one or two selections from such parts as relate to questions which have challenged the general attention of the profession and the public.

The first subject discussed is the very important one of the method of deducing and exhibiting the aggregate

results of treatment with accuracy and uniformity. Dr. Thurnam's observations on this head are in the highest degree worthy of the attention of all who are engaged in statistical inquiries into the results of disease; they are, however, necessarily not susceptible of abbreviation, as the condensed form in which they are submitted forbids even the attempt at an abstract. The principle, however, which he advocates may be briefly stated as follows:—"That the proper method of exhibiting the results of treatment in hospitals for the insane is, as regards the recoveries, to take the percentage calculated on the admissions; and as regards the mortality, to take the mean annual per-centage of deaths calculated on the average number resident."

Among other subjects which pass under review, as affording modifying influences on the general results of the treatment of the insane, are the circumstances of sex, age, rank in life, and previous habits; the causes, form, complications, and previous duration of the disorder. The influence of treatment itself is then considered, whether as regards the external hygienic condition of the asylum, its internal and domestic economy, or the moral, physical, and medical means adopted for the cure. The following remarks on the subject of restraint, the consideration of which falls under the head of moral treatment, and the progress which more enlightened modes of management are making, are deduced from observations made at the Retreat:—

"The subject of the coercion during a refractory, violent, or otherwise dangerous state, or, in other words, the personal restraint of the insane by mechanical means, has of late attracted much attention. At the Retreat, from a very early period, it has been regarded more or less in the light of a necessary evil; and it has been one of the objects of the managers of the institution to resort to it as seldom as possible. The Treasurer of the institution, who published his 'Description of the Retreat' so early as 1813, when detailing the means of personal restraint then employed, observes, 'With regard to the necessity of coercion, I have no hesitation in saying, that it will diminish or increase, as the moral treatment of the patient is more or less judicious.' But he immediately adds, 'we cannot, however, anticipate that the most enlightened and ingenious humanity will ever be able entirely to supersede the necessity for personal restraint.'

"In 1841, when the first edition of the 'Statistics of the Retreat' was printed, I made the following observations on this subject:—"Within the last two years, the officers of some institutions have attempted, and, in some instances apparently with great success, to conduct the management of even large hospitals for insane paupers, without resorting to such means of restraint. The important experiment of this description' if experiment it can be now called, 'which Dr. Conolly is conducting at Hanwell, must on all hands be regarded with extreme interest; as even if it fail in establishing that personal restraint can in all cases be abolished, it has already fully shewn that it

may be much more frequently dispensed with, not only with safety, but with advantage to the patient, than has hitherto been generally, if at all, suspected.'

"The officers of the Retreat have not hitherto thought it right, in every case, to dispense with the use of all mild and protecting means of personal restraint, believing that, independently of consideration for the safety of the attendant, they may, in some instances, be regarded as the least irritating, and therefore, the kindest method of control. But though this is the case, they readily admit that they have derived advantage from the full consideration of the subject which the attempts at Hanwell, Lincoln, and elsewhere have induced; and that they remain open to further evidence on the subject.'

"It is now more than two years since the foregoing was written, and I have now the satisfaction of adding that, in practice, personal restraint has by degrees been almost entirely abolished. Whilst we hold ourselves free to direct the use of any means which the necessities of the particular case appear to call for, I am fully convinced that, in a well-arranged and properly-governed public institution, the instances where personal restraint can at all be considered needful are in truth very few; and that they will be found, almost exclusively, to consist of old or mismanaged cases.

"I have, indeed, no hesitation in stating,—what can hardly I think be doubted,—that restraint of every description, not absolutely called for, has a tendency to excite in the insane the angry and vindictive passions to which they are only too prone, and thus to prolong the continuance of the disorder in curable cases, and to aggravate its character in incurable ones. The instructions to the attendants on this subject have already been given; and during the current year there has only been a single example of the application of personal restraint, and that was of the mildest possible kind. There has been no instance of its application since the 25th of January, 1843."

Illustrations of the questions relating to the influence of treatment on the statistical results are given from the history of the York Lunatic Asylum, and a summary of the effects of treatment in the principal establishments for the insane in the United Kingdom, on the Continent, and in America, with appropriate tables, concludes what may be termed the more general portion of the work.

The Essays on the Liability to Insanity are three in number—1, on the relative liability of the two sexes; 2, on the relative liability at different ages; 3, on the relative liability in the Society of Friends.

From the report of the Metropolitan Commissioners it appears that on the 1st of January, 1844, there were in asylums of all descriptions in England and Wales—

Insane.	Males.	Females.
11,272	5,521	5,751

—showing an excess among the females of *existing* cases of insanity of four per cent., but of these cases there were—

Paupers.	Males.	Females.
7,482	3,532	3,950

—which gives an excess of nearly twelve per cent. among the females of that class of the insane, which

reduces the proportion of the females in the middle and higher classes, and gives an excess on the side of the males of 188 out of 3,790 cases, or nearly five per cent. This excess is, however, probably counter-balanced, as Dr. Thurnam suggests, by the women of the more wealthy classes being more likely to be detained at home. From other considerations, however, and from tables carefully constructed on principles developed from them, it would appear that there is an actual excess of the males of about thirteen per cent. For the details, and for the results of the instructive tables in which they are set forth, we must refer to the work itself.

With respect to the liability to insanity at different ages, it may be briefly stated that a greater number of admissions into asylums takes place during the decennial period of from thirty to forty years of age, than at any other decennial period of life.

We are here compelled to conclude our notice, but in doing so we would earnestly recommend all who take interest in questions relating to the management of the insane, attentively to study these records; which moreover afford statistical data of the highest value, and an insight into many questions connected with general statistics, and the mode of carrying on statistical enquiries, and of deducing statistical results.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT SOUTHAMPTON, September, 1846.

SECTION OF ZOOLOGY AND BOTANY.

President: Sir JOHN RICHARDSON, M.D.

Thursday, September 10th.

Professor Owen read a paper "On the Homologies of the Bones, collectively called 'temporal' in Human Anatomy." The author commenced by referring to the definition of the term "*homology*" as contra-distinguished from "*analogy*," given in the glossary in the "*Lectures on Invertebrata*," 8vo., 1843, the sense in which it is there used being the same as that in which it has been used by several German and French anatomists, signifying things or parts which are of the same essential nature, whatever different forms or names they may bear in different animal bodies. Thus the fore limb of the *Draco volans* being composed of essentially the same parts as the wing of the *Lird* is *homologous* with it; but the wing of the *draco*, being composed of different parts, viz., the ribs and skin, is not homologous, but is analogous to the wing of the bird, as having a similar relation of function. Professor Owen gave several other instances of "homology" and "analogy," and proceeded to define the different kinds of "homology."

The widest relation of homology is that in which a part or series of parts stands to the fundamental vertebrate type of organization: thus, when the "mastoid" process of the temporal bone of Anthropotomy is said to be "the parapophysis of the parietal vertebra," its *general* homology is enunciated

When it is said to repeat, in its vertebra, or natural segment of the skeleton, the par-occipital of the occipital vertebra, and the post-frontal of the frontal vertebra, its *serial* homology is indicated, just as when we say that the radius in the arm answers to the tibia in the leg, one rib to another, in the successive series of skeleton-segments. When the essential correspondence of the mastoid process of the temporal in man, with the distinct bone called "mastoid" by Cuvier, and "temporal" by Spix and Agassiz, in the skull of a fish, is shown, its *special* homology determined.

In the present communication, Professor Owen proposed to consider the *general*, *serial*, and *special* homologies of the parts which, from their peculiar mutual confluence in man, have been termed, collectively, the "temporal bone" in human anatomy. The nature and signification of the different constituents of this complex bone have excited much discussion, and given rise to great diversity of opinion amongst the chief comparative anatomists of Germany and France. The natural arrangement of the bones of the skull is in a series of four segments conformable to the typical structure of a vertebra, with lateral or diverging appendages in some classes. The "temporal" bone is well known to consist of distinct parts in the human embryo, which afterwards coalesced; these were the "squamosal," or part answering to the "squamous and zygomatic processes;" the "tympanic," or "external auditory process;" the "mastoid," with which the "petrosal," or petrous part of the temporal is connate; and the "stylohyal," or "styloid process." The squamosal was traced from man through the lower mammalia, progressively decreasing in extent and forming less and less of the walls of the cranial cavity, until it could be removed without exposing that cavity, as in the sheep and whale. It is very small in the monotremes; is reduced to its zygomatic process in the bird; is an irregular osseous column wedged between the malar and tympanic lines in the crocodile; and disappears, according to the author, with the disappearance of the true zygomatic arch, in batrachia and fishes. The bipartite condition of the tympanic pedicle in the batrachia, and its quadripartite division in most osseous fishes, did not essentially affect the homology of such pedicle with the simple tympanic pedicle in the saurian and bird, but is explicable, Professor Owen thought, on the principle of vegetative repetition and subdivision of parts characteristic of inferior organisms; but a condition, the final purpose of which in giving elastic flexibility to the large pedicle supporting the lower jaw and hyoid apparatus in fishes, is clearly appreciable. With regard to the mastoid element it was shown to increase in extent as the squamosal diminished; especially in the lowest mammals, as the echidna, where it forms a much larger proportion of the proper walls of the cranium, is connected with the occiput, sphenoid, and parietal, as well as with the squamosal, and is connate, as usual, with the petrosal. It was traced, retaining these functions and increasing in size and connexions, through birds, where it was mistaken by Cuvier and Hallman for the squamosal, and through reptilia to fishes, where Cuvier had recognized its special homology with the mammalian mastoid, but was contended by Spix and Agassiz to be the squamous element of the temporal. Professor Owen adduced arguments in support of the Cuvierian view,

and concluded by discussing the much-mooted question of the homology of the petrosal in reptiles and fishes; the part so called in fishes by Hallman, Professor Owen agreed with Cuvier and Agassiz, in regarding as the great ala of the sphenoid. He also showed that the part called by Cuvier petrosal (rocher) in reptiles, was the ala-sphenoid.

Tuesday, September 15th.

A paper was read by Professor Owen "On the Vertebrate Structure of the Skull." Professor Owen commenced by referring to his previous definition of a typical vertebra, or primary segment of the endo-skeleton. He considered that the bones of the skull consisted of a series of four such segments; but before entering into the details on which his conclusions were founded, he reviewed the previous classifications of the cranial bones, from the early anthropotomical one into those of the *cranium* proper and those of the *face*, to the latest classification by M. Agassiz, based upon the embryological researches of Dr. Vogt. With regard to the division into bones of the cranium and those of the face, he observed that, this having been originally founded upon the exclusive study of the most extremely modified skull in the whole vertebrate series,—that of man, the characters of such primary divisions were artificial, and applicable to the same bones in only a small proportion of vertebrata. Homologists differed as to the number of cranial vertebræ; and the skull might differ, like the neck, the back, and other regions, in different animals, as to the number of its vertebral segments; but Professor Owen had not seen good evidence of a greater or less number than four, in which he agreed with Bajanus. He enumerated these segments in a direction contrary to those of the trunk, because, like the vertebræ of the tail, they lose their typical character as they recede from the trunk: the chief condition of these terminal modifications being the circumstance of the contained nervous axis shrinking and receding centripetally at both its ends. He retained for the cranial vertebræ the names applied to them, viz., *occipital*, *parietal*, *frontal*, *nasal*; the upper or neural arches of each he termed, respectively, *epencephalic*, *mesencephalic*, *prosencephalic*, and *rhinencephalic*; the lower or hæmal arches were the *scapular*, the *hyiodean*, the *mandibular*, the *maxillary*; the diverging appendages of these hæmal arches are, respectively, the *pectoral*, the *branchiostegal*, the *opercular*, and the *pterygoid*; the maxillary arch likewise supporting, in higher vertebrata, a *zygomatic* appendage, for its more complete fixation. He recognized a vertebra as a natural group of bones forming a primary segment of the skeleton; in each segment he also recognized a centrum, a neural arch, a hæmal arch, with sometimes diverging appendages. Each of these were parts of a vertebra, and each different parts; to call them all "vertebræ," was to abdicate the power of appreciating and expressing their differential and subordinate characters. With regard to the term "rib," though it might be given to each moiety of the hæmal arch of a vertebra, Professor Owen would restrict it to that part of such arch to which the term "vertebral rib" is commonly applied; but, admitting the wider application, yet the bony diverging and backward projecting appendage of such rib or arch was a different thing from the part supporting it. Arms and legs might be

developments of costal appendages, but were not the ribs themselves liberated, although liberated ribs might perform analogous functions, as in the serpents and draco volans.

MEDICAL ETHICS: CHARGE AGAINST A MEDICAL PRACTITIONER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the Journal of last week is given an account of an inquest held on the body of an old man, who, it was asserted, had died from neglect on the part of a certain medical officer. Notwithstanding the fact that you devoted an able leading article to the subject, I am tempted (with your sanction,) to make some remarks thereon, both because I think such an event should not be allowed to pass silently over, and because, among all my medical brethren with whom I have had any conversation on the case, but one sentiment prevails, that of profound regret at the whole proceeding. I may premise that I know nothing of either Mr. Cooper or Mr. Morgan, and am influenced solely in the remarks I am about to make by the love of my profession, and the desire I have to uphold its dignity and respectability.

The great object of the Provincial Association is to join in one bond of brotherhood all classes of medical men, and to elevate the tone of medical society; it may be therefore, not unfitting that its organ should notice any flagrant breach of medical etiquette, as is too unfortunately displayed in the case before me. Mr. Cooper gives a certificate reflecting in very strong terms upon a medical neighbour for "most flagrant neglect;" to be sure he does not *state* "on whom the neglect rests," but I apprehend it is pretty clearly intended that Mr. Morgan shall bear the onus. Upon the strength of this certificate an inquest is held. Every practitioner knows the commotion caused in a country village by such an event. The popular feeling is aroused against the unhappy surgeon—he is condemned before the case is heard, abuse is lavished on his devoted head, and were Lynch-law tolerated, it would gladly be enforced at his expense. Nor is this all; let the jury acquit the unlucky doctor of all blame, as in this case, a feeling has been raised against him that years may not obliterate, and thus our noble profession, in the person of one of its members, receives unmerited punishment.

It must be a source of sorrow to all those to whom the practice of our profession is a labour of love, that there should be found enemies ready and willing to bring obloquy upon it; it is sufficiently mortifying to him to whom its good name is dear, when the assailant is unconnected with it, how much more so must it be to him, when one of his own fraternity, a member like himself, of a LIBERAL profession, is found to give the wound—

"Keen are his pangs, but keener far, to feel
He nursed the pinion that impelled the steel."

Scarcely a year has gone by since meetings were held in all parts of England to petition the legislature for medical reform and for protection to medical men. Magnanimous were the resolutions passed on those occasions, great the zeal displayed, and wonderful the

unanimity professed. If the conduct evinced in the case before us, were the result of such mighty declarations, let us look upon the whole national display as "an idle and most false imposition." If such be the fruit of all our fine intentions, it is a vile culture. Have all our grand resolves—have all our loud protestations—have all our promised sacrifices "shrunk to this little measure." It was tauntingly said when we were all astir for medical protection, that it was a thing impossible to effect; that medical men needed protection from each other. Alas! that it should be true. Here we have an instance of two near neighbours, who, if living on terms of friendship, as becomes the members of a liberal profession, making little sacrifices for each other's good, and finding a ready excuse for each other's apparent professional faults, might be of immense advantage to each other by mutual offices of good will, and to the public from the benefit of their co-operations; instead of which perhaps, (I put the case hypothetically, for I know neither gentleman,) a spirit of rivalry—of jealous rivalry exists, and when occasion offers of an apparent fault or mistake, it is eagerly seized for the debasement and injury of the supposed defaulter.

When it is asserted that we do not hold our right position in society, it is all nonsense to urge as the cause, that the *public* do not adequately appreciate our talents and our services, or to urge the hundred and one other alleged causes. I say, Sir, it is nonsense to urge these; it is not in these,—"*Tis in ourselves that we are underlings.*"

I remain, Sir,

Yours faithfully,

F. COX.

MANCHESTER ROYAL SCHOOL OF MEDICINE AND SURGERY.

DISTRIBUTION OF PRIZES TO THE STUDENTS.

The public distribution of prizes and honorary certificates to the students of this school for the last session, took place in the lecture-theatre of the Royal Institution, on Wednesday, September 30th, at three o'clock.

The Mayor, in taking the chair, said he did so from a feeling that, in the position in which his fellow-townsmen had been pleased to place him, it was his duty, as it was his inclination, to assist, in every possible way, the useful institutions of this great and important borough. Their object on this occasion was to distinguish, by various suitable rewards, those students in the school who, by their talent, application, attention, and also by their moral conduct, had fairly won these honourable distinctions; and he was sure that in after years these testimonials would be looked back upon with an honest pride by those who had earned them, while they would prove a stimulus and an inducement to others to emulate them. Manchester had long been famed for the eminence of its medical men, and for their devotion to science; but it was left to his excellent friend Mr. Turner to concentrate and localise these admirable qualities. In 1823, Mr. Turner first instituted the Manchester Royal School of Medicine and Surgery; in 1824, it was organised and launched into the world, standing solely upon its

own merits, and the benevolent intension of its projector was first directed to the object of giving to the young men of this great district, who were destined for the medical profession, an opportunity of studying, under eminent and skilful teachers, that knowledge which previously could only be obtained in the metropolitan medical schools.

Mr. Turner rose not merely on behalf of his colleagues, but to discharge a most important and agreeable duty, —to introduce those students of the school who had distinguished themselves so as to gain prizes and honorary certificates during the last winter and present session of the Institution. In contrasting the former with the present position of the school, he could tell them that there was a time when it lived in seclusion, secrecy, and silence, owing to the illegality, of their acts in the acquisition of knowledge; now it exists and flourishes in one of our most populous streets. There was a time when medical schools awakened only the horror of the rich and the revenge of the poor; but they had reconciled all these differences. There was a time when they were liable, at any moment of the day, to the intrusion of a police officer; now, the change must be very striking, when the chief magistrate of the town was their president. To what were all these changes to be attributed? To the extension of general knowledge; to the removal of prejudice, as a consequence of that extension; and hence, to a better appreciation of the labours of medical men. The conclusion presented was, that if such sacrifices, on the score of comfort, were to be made in visiting the habitations of wretchedness or the abodes of the dead, could they have any other object than what philanthropy dictates,—the public weal, the promotion of the best interests of society?

After some observations on the advantages of the school and on the mode of giving the prizes, Mr. Turner proceeded to say that some people opposed reward for well-doing, and punishment (not taking it in its objectionable sense,) for misdoing, believing that to reward was to create envy, malice, and uncharitable feelings, and to produce hostility in the institution; and that to punish was to chill the ardour of youth, and for ever to prevent him from rising even to mediocrity in the profession which he had chosen. But envy, hatred, malice, and uncharitableness, arising in the minds of unsuccessful rivals, were merely abuses, and had never occurred in this institution; and as to the chilling effect on the individuals conquered, he had never seen anything of the kind within those walls as the result of the distribution of prizes. He thought it was absolutely necessary that reward and punishment should be conferred on the well-doers and ill-doers; it was an inherent principle of the mind, which grew with our growth and increased with our strength. It was something which could not be eradicated, and therefore the great end of education was to direct it into the proper channels of action; it was that something which was an incentive to industry, which gave us earnestness of life, which was a safeguard against slothfulness in whatever we undertook, and it characterized the actions of every individual who had risen to eminence in literature, science, or the arts. It had not its rise in societies. Look at our children. Was it not apparent among them, and in our school-rooms? Was it not the same in our colleges and universities of

Oxford and Cambridge; and was there a scene more exciting than the hall of the university when the honours were conferred by the Chancellor upon those who had gained them? This emulation was in constant operation throughout society. It was in operation among religious societies and individuals doing the greatest amount of good; in the clerical, legal, and military, and all other professions. The distance which separated childhood from manhood was one which might expose the individual to a great number of influences, good and evil; and if emulation had not been properly directed, the road the individual would take would be the road to ruin.

The following prizes were then awarded:—

Gold Medal—Mr. Edmund Whittaker, Bacup.

Anatomy—(Mr. Turner)—1st prize, Mr. John Shepherd Fletcher, Manchester; 2nd, Mr. Edmund Whittaker; 3rd, Mr. Samuel Taylor, Bolton.

Principles and Practice of Medicine—(Dr. Howard)—1st prize, Mr. J. S. Fletcher; 2nd, Mr. E. Whittaker;

Materia Medica, Medical Botany, and Therapeutics—(Dr. Ainsworth)—1st prize, Mr. James Ogden Fletcher, Manchester.

Surgery—(Mr. J. A. Ransome)—1st prize, Mr. J. S. Fletcher; 2nd, Mr. James Lancashire, Stand.

Midwifery—(Mr. Heath)—1st prize, Mr. J. S. Fletcher; 2nd Mr. J. Lancashire.

Chemistry—(Mr. J. Davies)—1st prize, Mr. Richard Allanson Gaskell, St. Helen's.

Diseases of the Eye—(Mr. Hunt)—1st prize, Mr. William Walker Scholefield, Manchester.

Forensic Medicine—(Mr. Leigh)—1st prize, Mr. James Lancashire.

Botany—(Mr. Just and Dr. Hardy)—1st prize, Mr. John Manley, London.

The following gentlemen received certificates:—

Mr. R. A. Gaskell, St. Helens; Mr. Henry Merrill Williamson, Chapel-en-le-Frith; Mr. J. Lancashire, Stand; Mr. James Bradshaw Leather, Cheadle; Mr. Robert Abercrombie, Manchester; Mr. James Croston, Leigh; Mr. Francis Harrison Walmsley, Broughton; Mr. Edmund Manley, Tyldesley; Mr. John Shepherd Fletcher, Manchester; Mr. James Ogden Fletcher, Manchester; Mr. Abel Crompton, Crompton, near Oldham; Mr. J. T. Jackson, Ulverston; Mr. John Manley, London; Mr. Joseph Drew, St. Austle, Cornwall; Mr. Henry Bagley Clarke, London; Mr. Joseph Foster, West Indies; Mr. John Slack Steel, Stockport; Mr. Thomas Anderson, Chorlton; Mr. James Wilson, Lancaster; Mr. Wm. Jay Williams, Manchester; Mr. Samuel Gibbons, Manchester; Mr. Charles Tysoe Harvey, Salford; Mr. James Askew, Salford; Mr. Charles W. Sadler Large, London; Mr. Thomas Schofield, Bollington; Mr. Samuel Taylor, Bolton.

BATH PATHOLOGICAL SOCIETY.

A Pathological Society has just been established in Bath,—George Norman, Esq., President, and Dr. Daniell, Vice-President, for the first year. On Monday evening last, October 5th, they held their first meeting in the Physician's room, at the United Hospital. There were near forty members present, and several interesting cases were brought forward and the morbid parts exhibited to illustrate them. The future meetings are to be held the first Monday in the month.

MEDICAL CONTRACTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The following fact is so disgraceful to our profession that I am almost ashamed to tell it you; but the exposure of such beggarly conduct may effect some good. A medical man residing in this town, has contracted with thirty men working on the railroad now in progress in this neighbourhood, to attend them and find medicine at two-pence a head, per week! This is indeed a hazardous, and must be a marvellously profitable, proceeding. Honour to the brave!

The question is, will any one believe it? I can solemnly vouch for the truth of it, because I was summoned a day or two since to see one of this cheap doctor's victims, who began to suspect the colourless look of his draughts; and he told me of the contract.

I enclose you my card and address, and remain,

Sir,

Your obedient servant,

"HONESTAS."

—, October 7, 1846.

MEDICAL ASSISTANTS.

That medical assistants should be an ill-paid class, is not at all surprising, when we find, from the following advertisement, taken from a recent number of the *Times*, that a person, advertising for the situation of groom, announces himself as "accustomed to the routine of a surgery," and that he "understands dispensing." It is absurd to exclaim against druggists for the employment of ignorant apprentices, when medical practitioners encourage grooms to advertise themselves as dispensing assistants!—"To the Medical Profession.—Wanted, by a young man, a situation as groom to a medical practitioner: has been accustomed to the routine of a surgery, and understands dispensing. A good character can be given."—*London Medical Gazette*.

MEDICAL INTELLIGENCE.

Dr. Derry has been appointed Physician to the Royal Metropolitan Free Hospital.

John Edye, Esq., has been elected one of the Surgeons to the Devon and Exeter Hospital, in the room of Samuel Barnes, Esq., resigned.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, Sept. 24th:—Robert George, Reepham; William Beresford Chambers Christy, Southsea; Frederick Manger, Guernsey; Francis Smith, Bermuda; John Rudall Holman, Fowey.

Gentlemen admitted Licentiates, Thursday, October 1st:—George Frederick Jones, Clifton; Edmund John Barker, Stoke-upon-Trent; Fred. Eachus Wilkinson, Saffron Walden.

A METEOROLOGICAL JOURNAL

FOR SEPTEMBER, 1846.

Kept at Uckfield, Sussex,

By C. L. PRINCE, Esq., Surgeon.

Mean Temperature	62.11 degrees.
Maximum ditto 6th .	82.5 . .
Minimum ditto 30th .	37. . .
Range	45.5 . .
Mean daily Range	20.86 . .
Maximum in the Sun . . . 15th .	104. . .
Minimum on the Grass . . 30th .	30. . .
Extreme Range	74. . .
Mean Dew point 9 A.M.	56.19 . .
Mean Pressure	29.967 inches.
Maximum ditto 12th .	30.38 . .
Minimum ditto 23rd .	29.40 . .
Range	98 . .
Depth of rain	1.50 . .
Evaporation	3.06 . .

Prevailing Wind, North-East.

OBITUARY.

Died, September 18th, at St. Leonard's, aged 64, Richard Simmons, Esq., M.D., F.R.S., F.S.A.

October 1st, at Kensington, R. Heaslop, Esq., late Surgeon in the Honourable East India Company's Service.

BOOKS RECEIVED.

An Easy Introduction to Chemistry. By George Sparkes, late Madras Civil Service. Second Edition. London: Whittaker and Co., 1846. pp. 182.

Biographical Sketch of the late Robert Graham M.D., F.R.S.E., Professor of Medicine and Botany in the University of Edinburgh, &c. &c. Being the Annual Address delivered before the Harveian Society of Edinburgh, April 11th, 1846. By Charles Ransford, M.D., President of the Society for the Year, &c. &c. Edinburgh, 1846. 8vo., pp. 40.

PROVINCIAL MEDICAL AND SURGICAL
ASSOCIATION.

NOTICE TO MEMBERS.

Members of the Association having suggestions to make for the improvement of the publications of the Association, are requested to communicate with Mr. Bree, of Stowmarket, Suffolk, the Secretary of the Committee appointed at Norwich to consider this subject.

TO CORRESPONDENTS.

Communications have been received from Dr. Durrant; Dr. Cullen.

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PHYSIOLOGICAL RESEARCHES AND
DISCOVERIES.

Just Published, in One Vol., 8vo. with Plates, price 12s., cloth, lettered,

THE ACTUAL PROCESS OF NUTRITION AND INFLAMMATION
IN THE LIVING STRUCTURE,

DEMONSTRATED BY THE MICROSCOPE, &c. &c.

BY WILLIAM ADDISON, F.L.S.,

Member of the Royal College of Surgeons of London; of the Council of the Provincial Medical and Surgical Association; and Surgeon to H.R.H. the Duchess of Kent, Malvern.

PART I.

SECRETION, THE PROCESS OF NUTRITION, AND THE FUNCTION OF STRUCTURE.

PART II.

ACTIVE MOLECULES IN THE INTERIOR OF CELLS, THE NATURE OF THE
FLUID ELEMENT OF BLOOD, AND A DEMONSTRATION OF THE PROCESS
OF INFLAMMATION.

PART I., price 4s. 6d., and PART II., price 7s., may be had separately.

"We are indebted to Mr. Addison for the discovery of an immense number of 'colourless globules' observable in the clear colourless fluid at the top of coagulating blood. In some blood taken in pleuritis I found the number of such 'globules' prodigious."—*Dr. Martin Barry, Paper in the Philosophical Transactions, Part I., 1842.*

"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Soho.

Worcester: DEIGHTON, High Street.

ADVERTISEMENTS.

This day is published, price 2s. 6d. each,

A LITHOGRAPHED PORTRAIT IN MINIATURE, 8vo. SIZE,

OF

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President of the Provincial Medical and Surgical Association.

ANY Member desirous of possessing this striking Likeness of the President of the Association, may receive it by Post on remitting 2s. 6., by Post-Office Order, or in Postage Stamps, to JOHN CHURCHILL, Publisher, 46, Princes Street, Soho, London.

N.B. A few impressions on India paper at 5s. each.

THE SYDENHAM SOCIETY.

INSTITUTED in 1843, on the plan of the Camden, Parker, and other Societies, with the view of supplying its Members with Standard Medical Works, now consists of between 2 and 3000 Members. The Annual Subscription is £1 1s., paid in advance from the 25th of March, for which sum each Member receives a copy of every book printed by the Society. The following are the titles of the Books already issued :—

FOR THE FIRST YEAR.—“Hecker's Epidemics of the Middle Ages ;”—“Louis on Phthisis ;”—“Th. Sydenham Opera Omnia.”

FOR THE SECOND YEAR.—“The Seven Books of Paulus Ægineta, Vol. I. ;”—“Observations on Aneurism ;”—“Simon's Animal Chemistry, Vol. I.”

FOR THE THIRD YEAR.—“Simon's Animal Chemistry, Vol. II. ;”—“Paulus Ægineta, Vol. II. ;”—“Hasse's Pathology.”

FOR THE FOURTH, OR CURRENT YEAR.—Hewson's Works have already been issued, and other books mentioned in the last Report of the Society, are in preparation. Copies of the Report, containing further information of the proceedings of the Society, together with the Laws, &c., may be obtained on application to the Secretary.

The Members residing in the country are respectfully informed that the parcels for the Honourable Local Secretaries, which will contain Hewson's Works and the Reprint of Sydenham's Works, are now being made up.

JAMES RISDEN BENNETT, M.D.

Office of the Sydenham Society, 45, Frith Street, Soho,
London, September 25, 1846.

MEDICAL REFORM.

A SERIES OF SIX LETTERS, by a “GENERAL PRACTITIONER,” on the Aims, Means, and Tendencies, of the Provincial Medical and Surgical Association, with the probable action thereon of the NEW NATIONAL INSTITUTE, will be commenced in the “MEDICAL TIMES” of October 23. This series,—the Editor is in a position to state,—will give a masterly exposition of the present state and best policy of the different sections in the Medical Profession, with especial reference to the interests of the General Practitioners. Orders may be given to all Newsmen and Booksellers, price 5d. ; stamped 6d. ; or free by post for twelve months, £1. 1s., by Post-Office order to JAMES ANGERSTEIN CARPRAE, 49, Essex Street, Strand. The new volume of the *Medical Times* was commenced October 3.

Just Published, Post 8vo., Cloth, 7s. 6d.,

A PRACTICAL TREATISE ON SPECIAL DISEASES OF THE SKIN, WITH CASES AND NUMEROUS NOTES.

By C. M. GIBERT, Physician to the Hôpital St. Louis, Fellow of the Faculty of Medicine at Paris, &c.

Translated by EDGAR SHEPPARD, M.R.C.S.E.

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“M. Gibert has long been regarded in his own country as a high authority upon cutaneous pathology, and his Manual is reckoned one of the standard works upon the subject ; we are pleased, therefore, to see an English version of it, and Mr. Sheppard has performed his task in a very creditable manner. We recommend the work as a cheap and comprehensive Manual of Skin Diseases.”—*Dublin Medical Press*.

“M. Gibert's work is, indeed, a very valuable Manual of Skin Diseases, and stands deservedly high in the estimation of his countrymen. We can cordially recommend Mr. Sheppard's translation, which appears to us carefully and accurately executed, to our readers. With such a guide as M. Gibert, they will be able to find their way even through the maze of cutaneous affections.”—*Lancet*.

THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, OCTOBER 14, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY

ROBERT J. N. STREETEN, M.D.

1846.
No. 42, Vol. III.]

WEDNESDAY, OCTOBER 21, 1846.

[PRICE FIVEPENCE
STAMPED.]

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THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

OCTOBER 6th, 1846.

NOTICE IS HEREBY GIVEN, that the Subscription for the Membership of the NATIONAL INSTITUTE is fixed at One Guinea annually, both for Metropolitan and Provincial Members, and that the ELECTION OF A COUNCIL will take place in the last week in October. Balloting Papers will be delivered to every Member of the Institute as early as possible.

The principal objects of the Institute are,—to maintain an effective organization of the General Practitioners; to expose, discourage, and suppress, by Registration, and every other practicable means, illegal and unqualified practice; to employ all legitimate means for the purpose of urging upon the Government and the Legislature, the claims of the General Practitioners of this Country, to Corporate rights; to promote a high standard of education and qualification, with a satisfactory test by efficient examination, for every individual authorized by law to practise Medicine, Surgery, and Midwifery; and to form, irrespective of the Special Colleges, an Institution, comprising within itself the entire range of Medical and Surgical knowledge.

Members of the Profession can obtain information and enrol themselves as members of the Institute, on application at the office, 204, Regent Street.

It is requested that Post-Office orders be made payable at the Branch Post Office, Old Cavendish Street, to one of the Treasurers, JOHN DODD, Esq., Portman Street, Portman Square, or EDWARD TEGART, Esq., Pall Mall; and that the name of the gentleman who is to receive the amount be mentioned in the letter of advice.

By order of the Sub-Committee,

GEORGE ROSS,

Secretary pro tem.

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TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

THE FOLLOWING ARE
THE PRINCIPAL OBJECTS
TO WHICH THE ATTENTION OF THE
PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION
IS DIRECTED.

- 1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmaries, or Dispensaries, or of private practice.
- 2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.
- 3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.
- 4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.
- 5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Woodcuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

INTRODUCTORY LECTURE ON MIDWIFERY, DELIVERED AT THE BRISTOL MEDICAL SCHOOL, ON THURSDAY, OCT. 1st, 1846.

By J. G. SWAYNE, M.D., (Lond.,) M.R.C.S.E.

Gentlemen,—As the Faculty of this school have for various reasons thought it best to waive the general introductory lecture, I feel that I cannot occupy one hour to day more profitably, than by giving a kind of special introduction to the course upon which we are about to enter. By so doing, I shall be enabled to afford you a general view of that branch of medical science, which it will be your duty to cultivate, theoretically, both here and at home, and practically, in the lying-in chamber; and after that, to add a few words of advice as to the best means of attaining the end in view. The science we are about to treat of, has, in its time, received different names, some of them sufficiently denoting the low repute in which it was formerly held. Thus it is commonly called "Midwifery," from the "midwives," or "auld wives," (as the Scotch would with greater propriety call them,) who used to be the sole practitioners of the art. It is also called the "Obstetric Art," which is nothing more than a latinized version of the same term, *obstetrix*, being Latin for midwife. It has likewise received the more appropriate designation of "Tocology," signifying "the science which treats of parturition," from the Greek words *τοκος*, and *λογος*. This last is certainly the fittest term; but as words, although inappropriate, which have been sanctioned by common use, are most readily understood, and are therefore the best, I shall adhere in most instances to the old-fashioned term, "midwifery."

To a superficial observer, midwifery may appear very simple and easy both to comprehend and to put into practice; because, in by far the majority of cases, in which the practitioner is engaged, he has nothing more to do, than to sit by the bedside and watch a strictly natural process, occasionally performing little and trifling duties, which a nurse might do quite as ably and efficiently. Thus a clever nurse could equally well, give the patient directions how she is to lie, "take her pains,"—as the phrase is—ascertain whether "all is right,"—*i. e.*, whether the head presents, receive the child, cut and tie the navel-string, bring away the after-birth, apply a warm napkin to the genitals, and wind a pillow-case round the belly; then go away and call the next day to inquire about the milk, lochial discharge, &c., order castor oil for the next morning, and so forth.

This easy routine may do very well in ordinary cases;

but if, gentlemen, you think that your duties end here, that when you know this, you have learnt all that is required of you, and that upon the strength of this knowledge you can go forth to the world as qualified practitioners, undertaking cases of midwifery, for your guinea, three guineas, five guineas, or more, according to the patient's circumstances, you will be grossly deceiving both yourselves and the public, and depend upon it, that sooner or later, the result will be disastrous to the lives of your patients and ruinous to your own reputation. I would lay especial stress upon what I am now saying, because in the present day, a man may be what is called a "regularly qualified practitioner," and yet be most barbarously ignorant of midwifery. Were proof wanted of the utter incompetency of many practitioners for emergencies in midwifery practice, we need only turn to the pages of the medical journals, and we shall find instances occurring yearly, and even monthly, in which not only lawless quacks, but even licensed surgeons, have allowed the lives of some to slip through their fingers,—if I may use the expression,—whilst with their meddling hands they have hurried others to miserable and untimely deaths. Minor cases of this kind are constantly occurring; one of them happened but the other day and was made the subject of a coroner's inquest. But it was only last year that a horrible instance of this kind occurred and went the round of the journals. A poor woman was brought to bed with twins, and was attended by a man who called himself a surgeon, and was indeed legally such. After the birth of the first child, this person not discovering the second, imagined that the pains which were effecting its expulsion, were caused by a portion of the placenta remaining behind. He therefore instantly commenced a search for the lost fragment, and prosecuted it with such reckless vigor, that he actually forced his hand through the posterior wall of the vagina into the abdominal cavity, so that the bowels protruded through the rent, and the patient died a miserable death. It is only within the last few years that two or three instances have occurred in which the uterus has been inverted from violence in extracting the placenta, and has then actually been severed from the body, together with several yards of intestine!

One would have supposed that such sickening atrocities could only have been perpetrated in the dark ages of the world, in the era of ignorance and prejudice; but surprise will cease when we consider the vast extent to which quackery is encouraged in this country; and when it is known that prejudices, worthy of the darkest of those ages, still take fast root in the higher walks

of the profession, so much so that sage doctors have pronounced that the art of midwifery ought to be practised only by old women and nurses, and pure surgeons, who are not above piles, fistulæ, and rectum cases, have yet imagined that their spotless fingers will be contaminated by any contact with the neighbouring canal. As lately as the year 1826 the College of Physicians publicly denounced the art as unworthy the attention of gentlemen who had received an enlarged academical education, and refused the honors of their fellowship to any who practised midwifery in any shape or form; but I am happy to add, they have since had the good sense to reverse their unjust decree. Not so the Royal College of Surgeons of England;—midwifery is still held amongst them as a disqualification for a seat in the Council, is looked upon with distrust and suspicion, and refused a place in their examinations. Amongst the host of other subjects for examination at the Apothecaries' Hall, questions in midwifery do sometimes occur, but they are very few, and far between, and no specific number of cases is required to be attended by the pupil.

The result of such a state of things is what might have been expected. A considerable proportion of practising surgeons are incompetent to attend any but the most ordinary cases, so that when any emergency occurs, they are obliged to call in the aid of a professional brother. Indeed, practical midwifery has hitherto been cultivated amongst medical students, chiefly because they have felt aware of the immense importance which it will be to them in their future career. But those who cannot look beyond the present, have it now in their power to neglect practical midwifery, and go forth to practise upon the limbs and lives of their fellow creatures, being little better than swindlers, for they are obtaining money under the false pretence of being properly qualified for their work. The evil is so great that the much delayed measure of Medical Reform would confer an endless boon on the public, did it effect nothing else than the institution of full and searching examinations in midwifery.

The great and unmerited neglect which the obstetric art has received from the profession, seems to have arisen from a false notion of the simplicity and trivial nature of its duties, just as if the general rule of labour were without exceptions; whereas, on the contrary, exceptions do occasionally occur, most sudden in their arrival, and perilous in their nature, so that to insure safety in every case, a thoroughly well-qualified attendant ought always to be at hand. There are cases of difficult labour owing to mal-position of the infant, or deformity of the mother, in which, in order to effect delivery, a degree of steady skill and protracted patience is called for, equal, I may safely say, to what is required in the most trying surgical operation. In most of these cases also the operator has the disadvantage of coming up to the contest, jaded and fatigued by long nightly attendance, and unstrung as it were both in mind and body. His hands also are not free for action, but are liable to be cramped, benumbed, and paralyzed, by the obstacles they have to overcome, and by the contracting energy of the expelling organs. These are difficulties which ordinary surgical operations do not involve. There are other emergencies which not only require excessive coolness and caution, but also the utmost promptitude and vigor of action,—I

allude to hæmorrhage from placenta prævia. "In these cases," says Dr. Gooch, "you would give anything for a consultation, but there is no time for it: the life of the patient depends on the man who is on the spot; he must stand to his gun, and trust to his own resources. A practitioner who is not fully competent to undertake these cases of hæmorrhage, can never conscientiously cross the threshold of a lying-in-chamber."

A very little consideration must show that the science of midwifery has not deserved the treatment which it has met with at the hands of the profession. Embracing, as it does, the whole theory of reproduction, it treats of the various ailments and mishaps to which the fairest portion of the creation are exposed whilst engaged in this mysterious and interesting process. Whilst it considers the theories of generation and conception, it enters into some of the most abstruse physiological discussions; it teaches us to combat the difficulties and dangers of parturition, the only normal and healthy function which is performed in pain and anguish; to apply the resources of our art to many painful and mortal diseases which affect solely the fairer but more fragile part of our race; to remedy those disorders to which in our tender infancy we are all exposed, and which may seriously affect our health and happiness through life. This surely is a large and important province in the God-like art of medicine, and all who exercise with diligence therein, will meet with a rich reward. In point of time midwifery certainly has the precedence of all other departments, for we may well say of it, "*Orditur ab ovo.*"

Having now endeavoured to assert the dignity and utility of the science you are about to study, I proceed to give you a slight insight into its history. Ever since the curse of disobedience fell upon our first parents, and it was ordained that Eve in sorrow should bring forth children, our entrance into, as well as our departure from, this troubled world, has been in the midst of groans and lamentations; and ever since that time mankind has been endeavouring by art to mitigate the pains and lessen the dangers attendant upon these critical periods. From the earliest records of antiquity when, as Bacon expresses it, the world was "in its youth," we learn that woman was always the guardian angel over woman in the hour of nature's distress. In classical times, the goddess Diana, or Lucina, as she was called in her capacity of midwife, was supposed to preside on these occasions, and it was then customary for the sufferers to invoke her aid. Horace dedicates a beautiful ode to her, beginning thus—

"Montium custos nemorumque, Virgo,
Quæ laborantes utero puellas,
Ter vocata audis, admisque leto
Diva triformis."

The history of midwifery, confided as it was to females, may be said to be as old as that of the world itself, inasmuch as natural and easy labours have the precedence of unnatural and difficult ones. Male accoucheurs, as well as physicians, will be found to have made their appearance only as knowledge advanced, and the refinements of civilization were multiplied. Women were at first the only accoucheurs, and the entire knowledge which they possessed was acquired from mere experience, ungrounded upon any scientific principles. I shall therefore first give the

history of midwifery as practised by women, before describing its progress under the more scientific guidance of the male accoucheur.

On referring to Holy Writ, we are told in the Old Testament, (which is the oldest record we possess,) that Rachel, who, as you may remember, died in labour, was attended by a midwife. A midwife also assisted Tamar when she was delivered of twins. It was the Israelitish midwives, Shiphrah and Puah, who successfully resisted the tyrannical edict of Pharaoh, that all the male children should be killed. According to *Ætius*, *Aspasia* was well versed in the accoucheurs' art; but, I am sorry to add, she used her skill for some very disreputable practices, for she was an adept at procuring abortion and sterility. Hippocrates, also, the great father of medicine, was not ashamed, amongst other things, to give instructions how to cause abortion, seeming to regard the performance of such a crime as perfectly fair and legitimate.

Ancient writers speak of a great number of other midwives of less celebrity, but it is only at a comparatively late period, and more especially amongst our continental neighbours, that women have ranked not only as practical but also as scientific accoucheurs, and have even transmitted to us their writings on the subject. *Louise Bourgeois*, who lived in the time of the celebrated *Ambrose Paré*, was one of the first who well comprehended the necessity of promptly emptying the womb of its contents, when violent hæmorrhage comes on in the course of labour. We are indebted for the heathen models, which go by the names of "phantoms, or mannikins," and which are so useful to lecturers on midwifery, to a French woman, named *Madame Leboursier Ducondray*. This woman was accustomed to travel about the country exhibiting them, and pointing out their importance. *Mademoiselle Biberon*, who was an expert anatomist for her time, practised successively in Paris and London. In the latter place the great Hunter was one of her pupils. She was the authoress of several treatises in different points connected with midwifery. She died in 1785. In France also, the name of *Marie Dunally* is celebrated, as she was the first who practised the Cæsarean operation in that kingdom. In England, amongst the names of midwives, is that of *Nihil*, who wrote a pamphlet, in which she condemns altogether the use of instruments, and falsely contends, in opposition to *Levret*, that the placenta is never implanted over the os uteri. *Sarah Stone*, who lived about the year 1730, has written upon face presentations, and speaks of the accidents in these cases caused by the clumsiness of midwives who have endeavoured to remedy these mal-presentations. In Germany, the wife and daughter of *Siebold* both successfully practised midwifery. In Italy we hear of *Fulvia Morata*, who travelled to Heidelberg, and was about to establish a school of midwifery there in the year 1555, when she died. At the present day, in France, midwifery is practised to a very large extent by women called "*sages femmes*," who, unlike the ignorant and drunken *Mrs. Gamps*, of England, are obliged to possess a certain degree of education before they are qualified to practise. If you go through the streets of Paris, you will see the signs of these women hanging out in front of their houses, and usually representing a woman holding a baby wrapped up in flannel in her arms. Some of these "*sages femmes*" are

attached to large lying-in charities, and have obtained great eminence in the obstetric art. The names of *Madame Lachapelle* and *Madame Boivin*, are, and ever will be, justly distinguished in the annals of midwifery, for the many valuable contributions which they have made towards the literature of the art.

But although some women have attained so just a celebrity in obstetrics, yet any unprejudiced person will say at once, that it is an art which requires both the head of a man to comprehend its principles, and the hand of a man to put them properly into practice; for as a general rule, the weaker sex are deficient in that degree of cool judgment, combined with fortitude and power of endurance, which are so necessary for the more difficult operations of midwifery. True it is, that some women possess these qualifications, but like a *Joan of Arc* or a *Lady Sale*, they are anomalies and exceptions to the general rule of their sex. The history of the science accords with this view, for from a very early period the more difficult branches have been exercised by the rougher sex. Amongst male accoucheurs we find first and foremost, in the days of hoar antiquity, that the great father of the healing art, Hippocrates, practised midwifery very extensively. He has described the different presentations of the head, pelvis, and trunk, and has given instruction as to the method of performing cephalic version. He also seems to have employed an instrument similar to the crotchet, for hastening protracted labours. Amongst the ancients *Galen*, *Celsus*, *Ætius*, and *Paulus Ægineta*, were also famous, but in an inferior degree to Hippocrates.

In the middle ages, when the whole world of natural science was involved in the grossest darkness, midwifery shared the common lot, and made little or no advances. We hear of *Moschion* and *Albucasis*, and *Avicenna* and *Rhazes*, amongst the Arabians; and amongst the French, *Guy de Chauliac*; but none of these men effected much. It was not until the middle of the sixteenth century that midwifery began to advance. About this time the celebrated *Ambrose Paré* first practised the manoeuvre of turning the child and bringing down the feet in cross presentations. Lying-in wards were also opened at the *Hotel Dieu*, in Paris, and great facilities afforded for the study of the phenomena of natural and difficult labour. *Guillemeau*, the pupil of *Paré*, flourished in the early part of the seventeenth century. In 1609, thirty-six years after *Paré*, he published the most faithful history of natural and difficult labour which had yet appeared. It was the fruit of forty years' experience. In it he gave more precise directions as to the manner of turning. He also pointed out how the membranes were to be ruptured when profuse hæmorrhage took place during labour.

In the second half of the seventeenth century we have the names of *Mauriceau*, *Viardel*, *Fournier*, *Portal*, and *Peu*, which justly take the highest rank amongst those of French accoucheurs. *Mauriceau* in particular, published a complete treatise on midwifery, in 1668, which passed through seven editions and was the oracle of this epoch. He had excellent opportunities of acquiring experience, for besides an extensive private practice, he was consulting accoucheur at the *Hotel Dieu*. His work contains many valuable remarks on pregnancy, delivery, and its consequences. He

pointed out more clearly than had yet been done, the method of performing podalic version, and gives it a vast preference to cephalic version. He recommended turning in presentations of the cord, and described the manner of using the fillet, a kind of sorry substitute for the forceps, which was then unknown. During the same century lived Chamberlen, who, with his two sons, practised in London for a considerable period. This trio gave out that they possessed a secret, by which they could deliver women without injuring the child, even in cases in which embryotomy had been hitherto adopted. They kept this secret to themselves, and in consequence monopolized the cream of the midwifery practice in London for some time. Many years after they had all died, an old house in which they lived was ransacked, and the secret instruments which they had employed were discovered in a closet. They proved to be nothing more than a somewhat rude model of the forceps now in use. The introduction of the forceps in difficult cases, commenced a new era in midwifery, for by means of this instrument many children were saved, instead of being abandoned as heretofore to the tender mercies of knives, hooks, and crotchets.

In the eighteenth century the science still continued to progress steadily, and to number amongst its votaries many illustrious individuals. In our own country, in the early part of this century, lived Willoughby, Maubray, Chapman, Giffard, Manningham, and Sir Fielding Calde. This last demonstrated the true manner in which the head of the child presents at the brim of the pelvis, showing that the head was placed obliquely, instead of antero-posteriorly, as was before supposed.

In the latter part of this century, there flourished many authors of still greater importance. Amongst these, Smellie rendered himself famous by his observations on midwifery, and by his excellent "Atlas of Plates," the engravings in which are so true and correct to nature, that authors on midwifery still use them extensively. He likewise invented and perfected several obstetric instruments, amongst which we have the craniotomy scissars, which still go by the name of Smellie's scissars. Burton, Kelly, and Douglas, were also scarcely less celebrated in their way. To these succeeded Denman, one of the greatest accoucheurs that ever lived, who in 1773 published his well-known aphorisms. He effected a complete revolution in midwifery, by teaching men that they ought, whenever they can, to rely implicitly on the powers of nature instead of having recourse to instruments, which ever since the discovery of the forceps had been used with culpable frequency. His remarks on spontaneous evolution were especially novel and interesting. He was also the first to practise the induction of premature labour in cases of deformed pelvis. Exton, Aitken, Leake, Perfect, and Bland, also practised in England towards the close of this century. In France, we have the names of Amand, Dionis, De la Motte, and Clement; and in Holland, of Ruysch the great anatomist, and Deventer, all of them, men, who very nearly equalled those which have just been enumerated as flourishing in England. In the middle of this century lived Gregoire and Puzos, who rendered himself justly distinguished by the method he introduced of rupturing the membranes and allowing the

waters to escape in cases of accidental hæmorrhage, occurring near the end of pregnancy. Levret practised about this time, and in his own department was one of the ruling spirits of the age. Gifted with wonderful talent and industry, he tried as much as possible to submit the whole art to the laws of mechanics. He described the mechanism of parturition much more accurately than had ever been done before. He first pointed out the manner in which unavoidable hæmorrhage takes place in consequence of placenta prævia, and the mode of remedying it; he also perfected the forceps and used it with great skill. His mechanical doctrines, however, did much mischief, by inspiring the accoucheurs of his country with a great love for instruments, which lasted for a considerable time, until it was afterwards successfully combated by Denman. Mesnard of Rouen, Barbaret and Deleurye also lived about this time; and in Holland, Roonhuyzen, who is noted as being the first who used the vectis; with Titsing, De Bruyn, and Camper; in Germany, Røderer, Plenck, and Stein. The latter part of this century numbered in its annals many of the most distinguished French accoucheurs, Petit, Astruc, Solayres and Baudelocque, whose fame in France rivalled that of Denman in England. He long and successfully practised and taught the art to a numerous concourse of pupils. Amongst his contemporaries in France, were Lebas, Simon, Lauerjat, Alphonse Leroy, Coutoly, and Lambin; in Belgium, Herbiniaux; in Germany, Stein, Saxtorph, Boer, and Stark.

In the present century the science of midwifery, like all others, has continued to improve, and has numbered amongst its successful cultivators a host of men of first-rate genius and industry, both in this country and the continent. In Great Britain and Ireland there have been Clark, Davis, Burns, Ramsbotham, Douglas, and a number of others of scarcely less note. In France, Maygrier, Capuron, Gardien, Desormaux, Flamant, Stolz, Guillemot, and Velpéau, as well as the celebrated *sages femmes* Madame Boivin and Madame Lachapelle, who have been already mentioned. In America Dr. Dewees has distinguished himself by his able and scientific writings, both on midwifery and the diseases of children. Richter, in Russia and Saxtorph, in Denmark, hold a high rank in the art. In Germany we hear of Osiander, Wigand, Siebold, Hohl, Jorg, Ritzen, Carus, Busch, Kilian, and last, not least, the accurate and pains-taking Naegelé, who has done more to explain the true mechanism of parturition, and the different positions of the child's head in the pelvis, than perhaps any other author of this century.

To give you some idea how little the natural position of the fœtus in utero was understood, even at the early part of the last century, here is a book on surgery, published exactly one hundred years ago, by Heister, who was one of the most distinguished surgeons of his time, and a pupil of Ruysch, in the different plates of which work the fœtus is represented in the most grotesque and unnatural positions, as if flying, jumping, walking erect, kneeling, and swimming, in fact, in every position except that in which it is placed by nature.

During the present century many knotty points, relating to the physiology and pathology of the uterine system at the different periods of life, have been successfully unravelled. Many valuable researches

have been made by Montgomery, Power, Girdwood, Raciborski, and others, into the condition of the ovaria during menstruation and after conception, and also into the structure of the human ovum before impregnation; the mode in which the blood circulates in it during the early months; the various diseases to which it is liable during the intra-uterine existence; and the causes of its death and premature expulsion from the uterus. In addition to these, valuable investigations have been made into the structure of malignant and non-malignant tumours of the uterus. The nature of several puerperal diseases has likewise been determined by morbid anatomy during this period. For the elaborate but too-lightly valued researches into the pathology of the venous system of the gravid uterus, we are much indebted to the labours of Dr. Lee. The diagnosis of pregnancy, and of the death of the fœtus, has of late years been greatly improved by the employment of auscultation. The introduction of the speculum also opened up a new field for our knowledge, especially in the diagnosis of diseases of the neck of the womb. Medical feeling seems now to have undergone a change with regard to the theory and practice of midwifery, and labor is rightly looked upon as a strictly natural process, so that whilst we are jealous of interference in the ordinary course of events, we are ever on the alert to remedy any deviations from the course which appears to be the usual one, and our office as accoucheurs seems to consist in the prevention of impending evil rather than in the cure of what would be falsely considered a disease.

(To be concluded next week.)

CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

Physician to the East Suffolk and Ipswich Hospital.

(Continued from page 59.)

CASE X.

PARTIAL PLEURISY FOLLOWING MEASLES; SPONTANEOUS PERFORATION, WITH SUBSEQUENT CONTRACTION OF THE WALLS OF THE CHEST: RECOVERY.

Thomas Crowe, aged 6, was brought as an out-patient, to the Ipswich Hospital, November 17th, 1845. His mother stated that he had been the subject of measles seven months previously, from the effects of which, he had never perfectly recovered, having progressively emaciated and lost strength; he had also slight cough, with occasional expectoration, and rather profuse nocturnal perspirations. On admission his countenance was anxious and contracted; tongue tolerably clean; appetite capricious; bowels regular; urine depositing lithates.

Physical Signs.—*Inspection*: Slight bulging, with deficient expansibility of the antero-inferior region of the right side of the chest. Tactile vibration not noted.—*Percussion*: Marked dulness over the right side in front, extending from between the third and fourth ribs to the base of the chest, including the anterior two-thirds of the lateral region; resonance behind slightly defective; stroke-sound normal over the entire left side. No detrusion of the liver.—

Auscultation: Complete absence of breath-sound over the right side in front, corresponding to the extent of dulness, as elicited by percussion; respiratory murmur audible under the right clavicle and over the back, but less distinct than natural, loudly exaggerated throughout the left lung; action of the heart quick and irritable, its sounds transmitted to the right side with unnatural clearness.

The ordinary treatment,—viz., mercury, blisters, and the iodide of potassium, was steadily persevered in, notwithstanding which, the patient became progressively worse, with extreme debility and emaciation. At this stage an intercostal abscess, formed between the fifth and sixth ribs, on the right side, opened spontaneously, and discharged its contents (which were copious and purulent,) in jets, on the patient coughing or taking a deep inspiration. From this period, under the prolonged use of the syrup of the iodide of iron, the general health improved; the parietes of the abscess approximated; the chest over the seat of the disease contracted, in consequence of the lower portion of the lung being firmly bound down by adhesions; and the patient recovered.

On taking a retrospective summary of the history and physical signs presented in the above case, we shall find some points of practical interest; and as such, meriting a brief notice. As a sequel of measles, it presents a rather unusual variety of chest-affection, which, in one form or other, so frequently complicates and renders dangerous the original disease. Pleurisy, as a concomitant of measles, is by no means of such frequent occurrence as bronchitis or pneumonia; and the circumscribed form presented in the case in question, must be certainly regarded as rare. The patient, it will be seen, had never perfectly recovered from the rubeolous attack, inasmuch as he had been the subject for seven months of cough, expectoration, and emaciation. It is not, therefore, improbable, that at the onset of the chest-affection, a certain degree of pneumonia may have obtained; and that this was subsequently followed by effusion into the pleura. The mother admitted that but little medical advice had been obtained. The general symptoms presented in the earlier stages of the above case, were by no means commensurate with its severity; still, however, the progressive emaciation, night perspirations, and anxious countenance, were sufficient to excite a suspicion of the existence of formidable internal disease. That such obtained, the physical examination of the chest fully verified. The bulging of the antero-inferior region of the right side, which, although but slight, became at once evident on removing the patient's clothes. The marked dulness over the front and part of the lateral portions of the same side, with corresponding absence of breath-sound, together with the negative evidence of non-displacement of the liver, and the comparatively healthy results of auscultation and percussion over the back, rendered the diagnosis of circumscribed pleuritic effusion highly probable, and which the subsequent progress of the case so fully confirmed.

CASE XI.

PLEURISY, WITH EFFUSION, ARISING FROM A STRAIN.

Mr. ———, aged 28, a farmer, stated that two days prior to my seeing him, while reaching over a plough,

his foot had slipped, and in the endeavour to avoid a fall, he had sprained his side, the sensation being that of "something having given way." Was perfectly confident that nothing had struck his side. Had not been exposed to cold, and had previously enjoyed tolerable health. His countenance was sallow; complexion leucophlegmatic; manner nervous and anxious; pulse 80, of good strength; complained of pain at the lower part of the left side, both on taking a deep inspiration, and on moving; tongue coated; appetite indifferent; bowels regular; urine depositing lithates.

Physical signs. These at first were normal, with the exception of diminished respiration over the affected side, in consequence of the pain excited by that act; subsequently a loud friction-sound became audible, which in its turn was succeeded by dullness on percussion over the lower third of the chest, with absence of breath-sound to the same extent; both of which latter phenomena were influenced by the position of the patient, during examination. At this stage, the most perfect ægophony was audible over the inferior angle of the scapula. Under the ordinary treatment the "redux" signs successively obtained; the ægophony, together with the dullness on percussion ceased; the respiratory murmur, accompanied by friction-sound, became again audible; the latter gradually subsided, and a permanently healthy condition of parts followed.

I have seldom, if ever, recognized the advancing and receding physical signs of acute pleurisy more completely developed than in the above case, affording as it does, an instance of the invaluable aid derivable from the combined resources of general and physical diagnosis in the investigation of thoracic disease. The case is also interesting, as proving the facility (in a system already predisposed,) to take on serious disease at the same time rendering caution necessary, by avoiding a too hasty prognosis.

CASE XII.

EMPHYSEMA OF BOTH LUNGS; PHYSICAL SIGNS; DISLOCATION OF THE HEART: TREATMENT.

W. G—, aged 20, a shoemaker, admitted into the Ipswich Hospital, November 27th, 1845. Stated that about eight years ago he suffered from a very severe inflammatory affection of the chest, (apparently bronchitis,) since which, on slight exposure to cold and moisture, he has been the subject at intervals of cough, with great shortness of breath, incapacitating him for his ordinary occupations. Countenance sallow, swollen, and anxious; tongue tolerably clean; appetite very indifferent; bowels regular; urine diminished in quantity, high coloured, specific gravity 1.040, yielding rapid and abundant crystallization on the addition of nitric acid; cough troublesome, especially at night, with considerable mucous expectoration; extreme dyspnoea, obliging him to maintain the erect posture. Pulse 96, of moderate strength.

Physical Signs.—*Inspection:* Entire chest rounded and prominent; bulging of infra-clavicular regions, and antero-superior surface generally; ribs rise *en masse*, collapsing tardily, and with difficulty; cardiac impulse imperceptible.—*Percussion:* Morbidly clear over the entire chest, but more particularly so over the superior regions in front; natural cardiac dullness elicited at the lower part of the sternum.—*Auscultation:* Respiratory murmur very feeble; expiration prolonged

in the lower lobes of both lungs, with a few bronchial rhonchi at the base of the left side; heart's sounds of greatest intensity over the ensiform cartilage, and for a few inches to the right of that spot, but not transmitted through the lung; very feebly heard over the natural site of the organ.

Treatment.—Cupping between the shoulders; mercury with chalk, to affect the mouth; blisters to the epigastrium; and the bicarbonate with the nitrate of potass, in doses of five and ten grains three times a day.

Under these remedies the congestion was removed, the heart materially restored to its normal position, and he was discharged much benefitted.

CASE XIII.

EMPHYSEMA OF BOTH LUNGS; THE LEFT CHIEFLY AFFECTED; DISLOCATION OF THE HEART BACKWARDS; PHYSICAL SIGNS: TREATMENT.

Mr. D—, a farmer, consulted me in June of the present year, stating, to use his own words, "that he had been asthmatic for the last twenty years, but finding himself becoming worse, was now induced to seek advice;" states that his attacks occur at irregular and uncertain intervals, generally in the evening, often about midnight, preventing subsequent sleep. Countenance ruddy; general complexion dull; conjunctivæ injected and suffused; tongue moderately clean; appetite good; bowels regular; urine generally clear, occasionally depositing lithates; no pain in the chest, but slight cough, without expectoration; frequent dyspnoea, increased by exertion; pulse 76.

Physical Signs. *Inspection:* Evident rounding of both sides of the chest, but most distinctly visible upon the left, confined to its anterior aspect; sluggish movement of the ribs generally; impulse of the heart quite imperceptible.—*Percussion:* Morbid clearness over the front of the chest, also most evident upon the left side, and extending in a less degree to the back; the natural dullness of the cardiac space scarcely, if at all, appreciable.—*Auscultation:* Respiratory murmur very feeble over the front of the chest, most distinct upon the right side and back; expiratory sound prolonged, with very loud sibilant rhonchi at intervals. Sounds of the heart heard most distinctly below the angle of the left scapula; extremely feeble in front; its sounds unaccompanied by murmur; action regular.

Treatment. R. Hydrarg. Biniodidi, gr. $\frac{1}{2}$; Extr. Taraxaci, gr. iv. Fiat pilula omni nocte sumenda. R. Acid. Hydrocyanici, (Scheele's,) m. vj.; Potassæ Bicarb., scr. iv.; Potass. Nitrat., dr. ss.; Tinct. Colchici, dr. ss; Spir. Ætheris Nitr., dr. ij.; Aquæ Destillatæ, oz. vijs. M. Pars sexta ter indie.

This plan of treatment with a regulated diet, was continued for three weeks, when the patient having regained his usual state of health, discontinued medicines, and up to the present time remains apparently relieved.

The foregoing cases both present examples in an exaggerated form of pulmonary emphysema or dilatation of the air-cells. In both, the commencement of the disease could be traced to an inflammatory affection of the lungs; in both, the heart was dislocated from its site; and in both, the configuration of the chest was so much, and permanently altered, as to render impossible the restoration of the lung to its healthy condition. Under these circumstances, the

object of the treatment consisted—1st, in restoring the balance of the circulation, and thereby removing congestion; 2ndly, in correcting the depraved condition of the digestive organs, which so frequently accompanies this affection, and which, by producing flatulent distension so greatly aggravates the dyspnoea; and 3rd., in avoiding all excitement of the respiration and circulation, by strict attention to diet and regimen, and carefully guarding against a renewal of inflammation or congestion.

(To be continued.)

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, OCTOBER 21, 1846.

We are authorized by the Council of the Provincial Medical and Surgical Association to state, that it has been determined to present a Memorial on the subject of the Registration of Medical Practitioners to the Right Honourable the Secretary of State for the Home Department; and that the propriety of soliciting an interview for a Deputation from the Association, is under consideration.

The following is an outline of the proposed Memorial:—

To the Right Honourable Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.

We, the undersigned, acting in the name and on the behalf of the Provincial Medical and Surgical Association, beg respectfully to direct your attention to the circumstances under which the members of the said Association, (amounting to upwards of one thousand eight hundred and sixty physicians and surgeons,) in common with others, members of the medical profession, practising Medicine and Surgery, in various parts of Her Majesty's dominions are placed.

Your Memorialists, acting for, and empowered to act on the part of, the said Association, are prepared to shew that a sufficient primary and equal qualification in Medicine, Surgery, and every department of Medical Science should be required of all persons entering the medical profession, before receiving a license to practise the same.

That all persons so qualified, and duly certified and licensed as such, should be entitled to practise any and all of the branches of Medicine throughout the whole extent of her Majesty's dominions.

That in order the better to secure the above objects, and at the same time to protect the rights of all qualified medical practitioners by law or custom appertaining to them, and to afford a basis or ground-work on which future legislative measures for the mutual benefit of the public and the medical profession may be founded, it is desirable that the existing members of the

said profession, whether graduates in medicine of any British University, members or licentiates of any recognized British College of Medicine or Surgery, or of any corporate body authorized by law to grant licenses to practise Medicine or Surgery in either of the three divisions of the United Kingdom, should be duly distinguished as medical practitioners from all others not so qualified.

That for this purpose, a registration of all such qualified medical practitioners on some simple and comprehensive plan should immediately be had recourse to.

That your Memorialists, are further desirous of directing your attention to the principles adopted by the Provincial Medical and Surgical Association, a statement of which is herewith inclosed, as those on which measures for the reform of the medical institutions of this kingdom should be based; and your Memorialists beg to represent, that where the public health is so materially concerned, the Government of the country cannot but be deeply interested, and that it seems to your Memorialists most desirable that the whole question should receive the attention of the Secretary of State for the Home Department, under whose auspices alone can any satisfactory measure finally be carried.

The Power of the Soul over the Body, considered in Relation to Health and Morals. By GEORGE MOORE, M.D., Member of the Royal College of Physicians, &c. London: 1845, 8vo., pp. 355.

Some two years since, a treatise entitled "Vestiges of the Natural History of Creation" was published, and had for a time an extensive circulation. Believing the tendency of this work to be most mischievous to the unreflecting and more superficial class of readers, while the pen of a ready writer had enabled its author to clothe his extraordinary assumptions in an easy and readable language, we deemed it best to pass it over in silence, rather than draw attention in any way to so questionable a production. As, however, this work has acquired a considerable degree of notoriety, and its pages would seem to be suited to the tastes as well as to the capacities of drawing-room readers, we here briefly allude to it, in the hope of inducing our medical friends to recommend, by way of antidote, the perusal of Dr. Moore's work, wherever they may have occasion to notice that the insidious poison has found acceptance.

If the "Vestiges of the Natural History of Creation" are characterized by assumption and superficiality of reasoning, the treatise of Dr. Moore is no less remarkable for high principle, deep thinking, and extensive research;—for the interest of its illustrations, and the elegance, purity, and force of its language.

It is not purposed here, either to enter into any critical account of this truly excellent work, or to analyse its contents; but we may be permitted to refer to a passage or two to shew the tone of the author's mind, and exhibit the mode in which he deals with his subject.

In the very outset we find him contending for the truths of revealed religion, and demonstrating the absurdities of any other system of theism, since religion which is not revealed, can only be the invention of the individual with whom it originates.

"All materialists," it is remarked, "are not quite in the atheistic predicament; yet, if believers in the material system of faith, (it demands great faith, such as it is,) indeed allow that there is existence beyond things, if they do allow a God, it certainly must be a God of their own, to whom it must be useless to pray. He cannot have revealed himself to the world, for there is not any reasonable pretence to a revelation but in the Bible; and therefore those who believe, in contradiction to that Book, the doctrine which teaches that the soul dies for ever with the body, must have substituted their own opinions for the declarations of that venerable authority, and instead of worshipping Jehovah, or in any measure obeying his laws, they must have constituted themselves their own deity, and made their own glory and convenience the end of all their thoughts, and all their actions. Unhappy men! like fallen spirits, their pride separates them both from divine and human sympathy,—they cannot believe that Omnipotence is love, and therefore they cannot adore."

And again, take the following passage, in which is disposed of the entire argument of the work we have before referred to,—an argument which, by the way, has not even the merit of originality, being no more than an extension of the infidel philosophy of the French school of a bye-gone age.

"Instructed men have abandoned the God of the Bible, because that unaccountable Book assumes authority, and teaches that man was created for especial purposes, to be manifested beyond time. They prefer the fancy that man only happened to be evolved from a medley mass of eternal materials, which some indefinite omnipotence of their own produced, and left to work themselves into forms without the necessity of specific design or superintendence; and therefore, of course, dispensing with the presence of any intelligent power. Hence we must not address the Creative Power, or at least it would be absurd and futile to pray to Him, *indeed we must not say Him*; there is no providence, no personal God, no parent of our spirits; for man was not expressly created at all, and his mind, as well as his body, was, say these atheists or proposers of an unrevealable divinity, only developed from a *monad*, or some floating invisible globule of *albumen*, that chanced to be, and to fall into some remarkably favourable place to grow in, so that the first man was luckily evolved, after passing through all the variety of monkeyhood, into a being fit to produce others like himself. Only another remarkable circumstance happened—two *monads* were developed at the same period, and one of them was male and the other female! Now, surely it is quite as well to quote the Bible as to come to such conclusions, without any authority either from reason

or revelation. Instead of descending to the low ground of scepticism, *to fight the battle in a bog*, we surely *have a right to keep possession of the vantage ground*, which those may assail who are able."

These passages are sufficient to shew the spirit in which the work is written. For the following up of the argument in recognizing the power of the soul over the body, in other words, the existence of an immaterial principle in man, and the influence exercised by this principle on his material organization and moral conduct, we recommend a careful perusal of these pages, and can vouch that the reader will be amply repaid both by the pleasure and instruction attending it.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT SOUTHAMPTON, September, 1846.

SECTION OF PHYSIOLOGY.

President: PROFESSOR OWEN.

Thursday, Sept. 10th.

Dr. Fowler read a paper "On the Relations of Sensation to the higher Mental Processes."—The author observed that *man*, when viewed as a whole, should be considered as consisting of a body constituting the instrument of the mind, as the telescope is of the eye, *adjustable but not adjusted*; that its indications are perceived through the medium of the *muscular sense*, as the images reflected or refracted are the signs of external objects to the eye. Animals have adjustments ready made; man has to learn his. To see, to hear, and to touch, as an artist, or even in the common usages of life, a man just couched is as an infant; till he can adjust he sees, as we do with an unadjusted telescope, merely a vague sight. This gives rise to *search*. To see with intelligence we must *look*, that is, *exert* the combined adjustments: this constitutes an appreciable distinction between *sensation* and *perception*. The unadjusted impressions pass the mind as vague trains of thought, linked and associated sequences, the machinery of reveries and dreams. That searching to obtain well defined perceptions is effected by adjustments, attention to our own *working observation* will afford abundant proof; but a more protracted attention is necessary to prove, and to convince a man, that his *memory* and *powers of conception* equally depend on the mind's perception of a *reiteration of the adjustments of sensation*. But that this is so we have proof, in the *corporeal* actions induced by conception being like those produced by sensation by presence of the objects. This conception of savoury food excites secretion in the salivary glands—of an insult, the gesture of anger, &c. In the *power* of forming and giving fixity of tenure to conceptions men differ widely. It is to this power Dr. Johns alludes, when he says, that whatever can make the past, the distant, and the future, prevail over the present, raises us in the scale of thinking beings. Now, Dr. Darwin and Dr. Brewster have shown that these conceptions are effected by adjustments of the body; in other words, that the "mind's eye," is, in fact, the body's eye. To have vivid conceptions disposable by our volition forms the orator, the poet, the sculptor, and the painter.

After numerous illustrations of this faculty and allusions to it by the poets, the author stated that these sensations, perceptions and conceptions do not exist in an insulated state; the adjustments by which they are affected are so linked and associated by retransmissions that they reciprocally call up each other. This *linked association of adjustments* he took to be the machinery by which the *association of our ideas* is effected, and that the *propensity of our structure to these functional adjustments* constituted all we had of *ideas* which had been denominated *innate*; and he considered that this reciprocating perception from different sources of sensation (as the eye and ear,) gave birth to the ideal theory of "species, images of forms and colour of things without their matter" of the old metaphysicians. In conclusion, the author contended that Mr. Hume's opinion on the non-existence of the idea of power, and of cause and effect, (except as antecedent and consequent,) and the arguments and facts adduced against that opinion, receive an elucidation from the consideration of the modes of action of the muscular sense, of which both Mr. Hume and his adversary were quite ignorant.

The Secretary read a paper by Dr. Searle, "On the Cause of the Blood's Circulation through the Liver." After alluding to the powers which circulate the blood in the system generally, the author declared it to be still a problem by what combined forces the portal circulation was carried on in the liver,—one cause of the general circulation being apparently absent, namely, the oxygenation of the blood in the arterial system, in the portal system the blood being deemed wholly venous. The solution of the problem depended, he thought, on the fact that the stomach and bowels were (like the cutaneous,) a respiratory surface, by which the portal blood becomes oxygenated to the necessary degree. In support of this view he adduced the experiments of Majendie, who found 11 per cent. of oxygen in the stomach of criminals examined after decapitation, and carbonic acid and nitrogen in the intestines; the source of this oxygen he believes to be the air swallowed with the food and saliva, and in combination with cold water. This oxygen he believes to be absorbed by the veins and lacteals, and communicated as a source of power to the portal vessels. He deemed the absorbing power of the gastric and mesenteric veins to be increased by the diminution of the quantity of blood in the vessels by the secretion of bile. In conclusion, he thought the ruminant animals required an additional supply of oxygen to maintain the respiratory function over their large gastro-intestinal surface, and that this was supplied from their peculiar function of rumination.

Dr. Carpenter read a paper "On the Physiology of the Encephalon." The object of this communication was to bring under consideration the inferences to which we are led by the study of comparative anatomy, in regard to the functions of different parts of the human encephalon. He first pointed out that our comparisons need not be restricted to vertebrate animals, since the ganglionic centres of invertebrata may be shown to be analogous with certain portions of the cerebro-spinal system of the vertebrata. He stated it to be a universal fact, that all organs of special sense have distinct ganglionic centres, which must be regarded

as the instruments of their respective sensations and as the sources of motions directly connected with those sensations; and that the whole cephalic mass of invertebrate animals was composed of a collection of such ganglia, without any vestige (except in the highest,) of cerebrum or cerebellum. These organs make their first appearance in fishes, and bear at first but a small proportion to the chain of sensory ganglia, which forms the anterior termination of the spinal cord. In fishes we find distinct olfactory, optic and auditory nervous ganglia, together with thalami optici and corpora striata, the degree of development of which has no reference to that of the cerebrum; in fact, the bodies usually called the cerebral lobes of fishes are (except in the sharks, &c., which have the vestige of cerebral hemispheres,) entirely composed of the analogues of the corpora striata. Hence Dr. Carpenter considered that these bodies, instead of being appendages to the cerebrum, really belong to the group of sensorial ganglia, and are to be regarded as altogether making up the ganglionic centres of common or tactile sensation, and of the movements prompted or directed by it. This chain of ganglia, although comparatively small in man, with reference to the bulk of the cerebral hemispheres, still exists in him, and must be regarded as the instrument of the same operations as those to which it ministers in the lower animals. Arguing from actions in the latter, and analogous phenomena in man in health and in disease, the author attributes to the sensory ganglia the formation of sensations, and the origination of respondent movements, which may be distinguished as *consensual*. To this category the purely instinctive actions of the lower animals, which seem executed without any *idea* of purpose, and in simple responsiveness to the promptings of sensation, appear referrible, together with a variety of actions in man, such as that of yawning from the sight or sound of the act in another. Dr. Carpenter hence endeavoured to show that we must regard the cerebrum as the instrument of the formation of ideas, of the memory of ideas and sensations, and of the intellectual processes founded upon them which terminate in an act of the will; and he pointed out that *ideas* may produce the same effect on muscular movement as sensations themselves, as when the suggestion of the idea of yawning induces the action. He also showed how the anatomical connections of the cerebrum with the sensory ganglia would cause its communicating fibres to exert an influence on the latter, corresponding with that which is effected by the sensations directly received from the organs of sense. With respect to the *emotions*, he endeavoured to show that they may be regarded as compound states resulting from the simple feelings of pleasure and pain associated with certain ideas, or classes of ideas. The feelings of pleasure or pain he would locate with the sensations which commonly excite them, in the sensorial ganglia; whilst the formation of the ideas, which are essential parts of the emotions and propensities, is clearly a cerebral operation; and he showed, in conclusion, how this view of the functions of the principal parts of the encephalon harmonizes with the known duplex action of the emotions,—first, in producing involuntary movements; and second, in stimulating and influencing the reasoning processes.

A lengthened discussion followed, in which Dr.

Laycock denied that we had yet a sufficient number of facts ascertained either to deny the higher mental processes and emotions to the lower animals, or to induce consent to the physiological distinctions drawn by Dr. Carpenter from the anatomical structures in man and mammalia. He defended his dissent by facts in natural history, and physiological and anatomical views relative to the encephalon published by himself, two years ago, in papers read before the Association.

Tuesday, September 15th.

Professor Matteucci submitted a *résumé* of his latest researches in Electro-Physiology. In the first place he described the experiments which prove that the development of electricity in living animals is a phenomenon peculiar to all organic tissues, and principally to muscular fibres, and that it is a necessary consequence of the chemical processes of nutrition. Professor Matteucci particularly wished to prove that the development of electricity in the muscles can never produce electric currents which circulate either in the muscular mass, or in the nerves. It is only by a particular arrangement of the experiment that we succeed in obtaining a muscular current. Further, all experiments contradict the opinion of an electrical current existing in the nerves. M. Matteucci proved that the current said to be proper to the frog is, on the contrary, a general phenomenon which exists in all the muscles that have tendinous extremities unequally distributed, and that this current supposed to be peculiar to the frog, is only a particular instance of muscular current.

In the second place, the Professor laid before the Section his last researches "On Electrical Fishes." He showed that the laws of the electrical shock of these animals are a necessary consequence of the development of electricity which is produced in each cell of the electrical organ under the influence of the nervous power.

In the third place, Professor Matteucci showed the relation which exists between the electrical current and nervous power. He proved that muscular contraction is always produced by a phenomenon analogous to the electrical spark, and that the electrical current does but modify the nervous excitability. On these facts, Professor Matteucci establishes a simple theory of electro-physiological phenomena.

In the last part of his communication, the Professor treated of Inducted Contraction; and, after having demonstrated that these phenomena cannot be explained in supposing an electrical discharge of any kind indiscriminately, he concluded, that inducted contraction is an elementary phenomenon of the nervous power, which acts in muscular contraction, and is analogous to all actions of induction of physical powers.

ILLUSTRATIONS OF THE QUACKERIES OF THE NINETEENTH CENTURY.

A report having been circulated that a man named William Myhill, a small farmer and carpenter, residing at Horsey, in the county of Norfolk, had died from the effects of some medicine which had been administered to him by his wife, Mr. Pilgrim, the county coroner, directed the body to be exhumed, and on the 24th of last month held an inquest at Catfield, where the body had been interred. Several witnesses were

examined, but the chief evidence offered was that of the servant maid, who in a long statement deposed to her mistress having obtained some medicine of a person living at Reephram, which she administered to the deceased just previous to his death, and then requested her (the servant,) not to say anything about it to any person, but to deny it if she was asked any questions on the subject. On Friday October 2nd, the inquiry was resumed, when amongst other witnesses who were examined as to the wife having administered something to the deceased, was a Mr. Staples, of Reephram, who calls himself a chemist and druggist. He deposed as follows:—

I vend drugs and prepare them, but I do not profess to be a surgeon. Some short time since Mrs. Myhill, the wife of the deceased, came to me and stated that her husband was very bad. I prescribed for the deceased from the representation made to me by his wife. I cannot say what she stated. I made up some medicine according to the nature of the disease. I was not told what was the matter with him, but I found it out by my study, my science, and my search. I do not recollect that I ordered brandy and water, neither do I exactly recollect what I did prescribe. At the time I put it on a slate, but it was afterwards rubbed off. The medicine was to relieve the pain—it was not opening medicine. Mrs. Myhill was to have called upon me again, and let me know how her husband was, and to tell me the effect the medicine had upon him. I am perfectly satisfied that the medicine I prescribed could not do him any harm, but I did intend that it should do him good. I considered that the deceased was in a very bad state, and that I ascertained from my research in science, and study from my books of knowledge. If a person came to me and represented their case, I should not be governed by what he said, but I should be governed by the rule of science and my books of knowledge. I could by searching those books ascertain more of their disease than any person could inform me. It is a very common practice with me to prescribe for persons I have never seen, nor yet had a description of their complaints. I neither want to know the name of the party, or where they come from, or any description whatever of their complaints, as I can always find every thing out by the rule of science, my study, and from my books of knowledge. If any person had come to me after the death of Myhill, I could have stated the cause of his death, but the time is now so far gone that I cannot. He again repeated his powers of discovering the complaints of persons by the aid of his books, which was the cause of much merriment to the Coroner and the Jury, who looked with some suspicion upon the many cases [cures?] he pretended to have effected by his books, his science, and his study.

After this evidence, which put a very different aspect upon the inquiry, the surgeons, who had analysed the stomach, said that they had not been able to detect the presence of any metallic or vegetable poison; and, from the appearance of the lungs, were of opinion that the deceased died from natural causes. The Jury returned a verdict accordingly.—From the *Norwich Mercury*.

MEDICAL CONTRACTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

In this day's number of your Journal, a correspondent, "Honestas," expresses himself in terms of astonishment at the idea of one of his professional (?) neighbours contracting at the rate of two-pence a head per week for medical attendance and medicine. Now, although such conduct is in the highest degree disgraceful, I at present know a Member of the Royal College of Surgeons, who has entered into a contract to *supply medicines, and give medical and surgical attendance, for three shillings a head per year*; and what is more, this unworthy member of our profession is a frequent contributor of very pompous and high-toned would-be original articles to the *Lancet*, and very frequently makes his poor patients believe that he is one of the Surgical Staff of the Middlesex Hospital, his only connexion with which, being that of a subscriber. And what is more, this same worthy professes to hold in awful contempt, every respectable man who dispenses his own medicine, whilst he is disgracefully leagued with a druggist residing in Duke Street, Manchester Square. However bad the profession may be in the provinces, it is impossible it can be worse than it is in London; I could state to you acts of medical men, some of whom are the most prominent in the affairs of medical government, that would frighten any respectable man from the profession.

I am, sir,

Your obedient servant,

A GENERAL PRACTITIONER.

London, October 14, 1846.

MEDICAL CONTRACTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

When "Honestas" and your other readers are in possession of the following *facts*, they will not wonder at my being much amused at his calling it disgraceful for a medical man to enter into a contract with thirty men, working on a railroad, to attend them and provide medicines at what he considers so low a price. I cannot but fancy that there must be some mistake as to the amount per head. *Two pence a head per week!* Why, that sum *here* would be considered *princely pay*; there is not a medical man in this town or neighbourhood who obtains anything like such a *handsome remuneration* from his clubs.

Government works of great extent are now going forward in this district, and I am told that the men employed there have agreed with a medical practitioner to attend them, and provide medicines at *one penny a head per week*, and *even this* is, I can assure you, *very much above* the usual pay derived from clubs in this part, the average being somewhere about *two shillings a head per annum*. One medical gentleman, however, who is in good practice here, and has been well educated, a short time since took a club, (will it be believed,) at *nineteen pence halfpenny a head per annum*: I pray you well mark the halfpenny. This is close shaving with a vengeance,

I really doubt very much whether any village barber would accept a club at such a rate, and undertake to shave such members as might require his services *even once a week* for so small a sum. Why then should any medical man, (whose services may be required daily for months together, and in some cases by night also,) disgrace the profession by such an act? Medicines and attendance, with occasional night visits, at *nineteen pence halfpenny a head per annum*! What an honour to hold such an appointment.

What will "Honestas" and your readers generally say to this? the truth of which I vouch for. I very much regret that medical men will not befriend themselves, and refuse to become the surgeons of any club but at a fair and reasonable remuneration. I, for one, would with great pleasure, even in this town, which is at present overrun with clubs of all descriptions, ("Odd Fellows," Children's Clubs, at £10 per hundred members per annum, and every possible variety,) at once resign office, and never again take a club where the pay is so paltry, even as in the example given by "Honestas," if the other medical men would do likewise.

I cannot tell why the profession should suffer themselves to be so insulted, (for an insult I think all must allow that it is,) as to be paid at a rate per head, which I should imagine, as I have before said, even a village barber would despise.

I must contend that medical men have no one to blame but themselves; the antidote is in their possession, and they alone can employ it. Why should the rest, health, and in some cases even the life, of medical men, be sacrificed at so cheap a rate?

I remain, sir,

Your obedient servant, and

ONE WHO THINKS THE LABOURER
WORTHY OF HIS HIRE.

—, October 17, 1846.

P.S. My card and address are enclosed, and I shall feel much obliged if you will give this a place, if possible, in your *NEXT* number.

ANIMAL MAGNETISM: CLAIRVOYANCE.

The following astounding instance of clairvoyance is reported in the *Gazette des Hôpitaux* to have occurred recently in Paris. It deserves the attention of Lord Ducie and the patrons of the new Mesmeric Infirmary.

A young man employed in the Museum of Natural History, in Paris, had been repeatedly invited by a credulous friend to witness the proceedings of a celebrated female somnambulist, and on this occasion he formed one of a large and brilliant assembly, all anxious to witness the powers of the Pythones in predicting the nature, prognosis, and treatment of diseases. A young physician was seated at a table, industriously engaged in transferring the oracular responses to paper. The official of the Museum of Natural History, when his turn arrived, handed to the somnambulist a packet containing a lock of hair carefully wrapped up in paper. The somnambulist removed the hair from the paper, smelt it, felt it, examined it closely with her fingers, and successively applied it to



REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY,

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been 454, and the Annual Premiums received thereon, £9,183. 5s., exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to £112,277 per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying £4,551 within the last year to Annuitants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of £59,016. 18s. 10d. has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sums notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the long experience which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many year, past, they have the most SUBSTANTIAL grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,

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A SERIES OF SIX LETTERS, by a "GENERAL PRACTITIONER," on the Aims, Means, and Tendencies, of the Provincial Medical and Surgical Association, with the probable action thereon of the NEW NATIONAL INSTITUTE, will be commenced in the "MEDICAL TIMES" of October 23. This series,—the Editor is in a position to state,—will give a masterly exposition of the present state and best policy of the different sections in the Medical Profession, with especial reference to the interests of the General Practitioners. Orders may be given to all Newsmen and Booksellers, price 5d.; stamped 6d.; or free by post for twelve months, £1. 1s., by Post-Office order to JAMES ANGERSTEIN CARFRAE, 49, Essex Street, Strand. The new volume of the *Medical Times* was commenced October 3.

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3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

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5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fifteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Woodcuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster
Hospital.

LECTURE I.

Introductory observations; importance of clinical studies; their particular object; general directions as to the mode and order of examination in recording cases; aid derived to general pathology by the stethoscope, microscope, and pathological chemistry.—Case of uric acid diathesis: History of the case; dyspeptic symptoms, with severe lumbar pain; appearances in the urine of the stellated form of uric acid crystals; observations on the different pathological conditions tending to the formation of uric acid in excess.—Treatment.

Gentlemen,—

There is no branch of medical education which embraces more points of importance than clinical instruction; certainly no other comprehends so much that is specially valuable and applicable to future practice. In the wards of the hospital, at the bed-side of the patient, the elementary sciences of medicine, learnt in the lecture room, are practically illustrated and applied. It is here that the general principles of medicine and surgery are elucidated and explained: it is here only that a true and safe knowledge of disease can be acquired. In the dissecting room, having learnt to recognize the characters of healthy tissues, healthy structures, healthy organs, here the student soon learns to distinguish diseased ones, and to acquire the outlines and principles of general pathology. It is here he first practically comprehends the value and object of etiology—the exponent of the probable causes generating, or in any way tending to produce, disease. Here also the foundation is laid of that important branch of general pathology, semeiology, comprehending in an enlarged sense, all the signs, symptoms, or tokens by which diseased action of one or more organs may be recognized. And, lastly, it is at this period of your studies that the doctrines of therapeutics are made clear and intelligible, and the curative powers of various remedies in the treatment of disease, and their relative value, influence, and utility explicitly determined. It is at the bed-side that the true features of the unmistakable characteristics of disease are truly observed. The quick eye of observation reading for itself in the plain type of nature's page, soon learns to distinguish in the history of diseases, that which is valueless—because imaginary and unreal, hypothetical, and fanciful, from that which bears the stamp of strict

observation, and a careful induction from recorded facts.

By a careful and persevering attention to clinical study, the student soon acquires a steady confidence in the knowledge he obtains, and a firm reliance on the means by which he has acquired it; for he quickly finds, that what he notes, observes, and records for himself, becomes sound, practical, useful knowledge, applicable at all times; a store on which he can depend, and which will supply him with the power to think, reflect, and act, whenever occasion may require.

But these results, the great end and aim of medical education, cannot easily be obtained without some little assistance derived from the experience of others. There are but few that can originate a course of study for themselves, or pursue it unassisted. A little help from those more experienced clears the obscurity of his path, and directs the student by a quicker, a shorter, perhaps an easier, route, to those objects most worthy of his attention,—such as illustrate in the least complicated manner, the ordinary characteristics of disease.

On the part of the student, the first essential to clinical study is his case-book; for without notes of what he sees and observes,—without a record of the cases treated and watched, but little that is useful can be retained or remembered. Without a case-book a student's walk round the wards of a hospital is but an idle lounge. The case-book is necessary, not only to record the history and treatment of hospital cases, but also for the purpose of noting those observations that may be made at the bed-side of the patient, suggested by any special condition or symptom, and which oftentimes illustrate the progress of the case, or tend to explain the operation of a particular remedy, or the principles that may have dictated its administration. The use of the case-book is, however, mainly necessary to record the history of such cases as may be selected for study and observation. The cases are valueless if they be but a transcript from the ward-book; they are then but copies of cases taken by another. Take the history of the case yourself; put it into your own language; you may afterwards compare it with the ward-book, to ascertain if any particular symptom or group of symptoms, necessary to be noted down, shall have been omitted. These observations are especially addressed to those who are now for the first time entering on their clinical studies. It is not to be expected that at first, without some instruction, the history of any given case can be taken in a clear and succinct manner; so arranged in regard to the order of the symptoms, that they bear a distinct and evident connection with some organ or organs as their common

centre. A little practice, and the adoption of a certain method and principle upon which all cases are recorded, will soon enable the student to collect a clear and intelligible history; such as will convey to others, a picture of what has been seen, or is required to be preserved and recollected.

The attention should at first be confined to acute diseases: they do not require the lengthened narration of predisposing causes, comprised in the previous history, so essential to be recorded in the account of chronic disease. In the acute forms of disease, the symptoms are more expressive; their relation to the diseased organ is more plainly visible, and the diagnosis of the disease consequently easier, and less doubtful. In taking the history of an acute disease, the name, age, and avocation having been recorded, a few preparatory questions will quickly fix the attention upon some organ or set of organs, the probable seat of derangement. But that no symptom that may throw any light on the disease may be omitted, a systematically ordered examination of all the functions and regions of the body should be carefully made, and any departure from the natural condition noted. Thus, after stating in a few words the general appearance of the patient, as to countenance and general aspect, an examination should then be made in the following order:—of the skin, as to temperature and secretion;—of the eyes, as to expression state of the conjunctiva, pupil, &c.;—of the face in general, if anything remarkable be observed, such as dilatation of the nostrils, &c., &c. Examine the condition of the circulation, the force and character of the pulse, impulse and rhythm of the heart's action, diastolic and systolic murmurs. Of the respiratory system:—by percussion, as to the resonance or dullness of the different regions of the chest; by auscultation, as to the respiratory murmurs, vesicular or bronchial; determine the presence, or otherwise, of abnormal sounds in the different lobes, and whether mucous, sibilant, or crepitating rhonchi can be detected; the character of the voice, as heard from the chest—*pectus loquens*, bronchophony, pectoriloquy, or ægophony; record the frequency or infrequency of cough, whether periodically aggravated, hour or time of day most urgent, or other conditions of aggravation; whether hard and dry, or spasmodic, and accompanied, or otherwise, with expectoration; the character of this excretion, whether aqueous and frothy, mucoid, tenacious, glutinous, or adhesive, sanguinolent, or mucopurulent. Examine the digestive organs; state of the tongue, of the papillæ, whether smooth, clean and moist, or foul, with creamy or furred deposit; its redness or pallor; whether broad, flabby, and exsanguineous, or otherwise; whether dry, red, or glazed, or parched, cracked, and scabrous. Examine the external contour of the abdomen; its softness, and elasticity; absence or presence of pain in any region; epigastric, hypochondriac, umbilical, or iliac. Enquire into the sensations during or after digestion; presence or not of cardialgia, of gastrodynia, of acid, aqueous, or flatulent eructations; state of the alvine and urinary excretions; of the former, as to consistence, form, odour, and colour; of the latter, quantity, specific gravity, acidity, or alkalinity, clearness or cloudiness, sedimentitious, or albuminous; if necessary, a microscopical, or chemical examination of the urine may be made.

Observe the state of the organs of generation, and record any special circumstance pertaining to them; of those of locomotion; state of the joints, whether enlarged, tumid, or elastic, indurated, or sensitive; the character of pains that may be complained of in the limbs, whether constant or intermitting; whether influenced by cold or heat; by motion or rest; by day or night. And lastly, examine the state of the general sensations, in reference to any of these organs, and note down any condition of the intellectual faculties that may tend to elucidate any previously observed derangement. Practice soon enables the skilful enquirer to go over this examination with ease and rapidity; experience quickly detects the particular class of organs requiring special attention; and a few questions respecting the others will readily establish their freedom from disease.

A systematic mode of inquiry like this becomes valuable from the recorded symptoms being grouped in relation to each particular organ, and enables the observer, by subsequent comparison of one with the other, to determine their dependence on one or more common causes.

Our inquiries into the nature, and causes, and symptoms of disease, would bear no pretension to any superiority over the graphic records of past days, were it not for the assistance which pathology derives from the three great aids to modern investigation—the stethoscope, the microscope, and pathological chemistry. The importance of each and all of these in aiding our diagnosis cannot be over estimated. It is not now necessary to urge upon students the necessity for studying closely the physical signs of the lung and heart by means of the stethoscope; but the assistance that pathology has derived, and continues to derive, from microscopic examination and pathological chemistry, being of more recent origin, requires to be urged on your attention with more emphasis.

The case to which I directed your attention just now in St. Margaret's ward, affords a favourable opportunity for illustrating the value of the microscope, in aiding our diagnosis, and consequently facilitating our means of exhibiting appropriate and successful remedies.

D. S.—, aged 26, single woman, admitted into the Hospital, September 30th, complaining of shooting pain in the lumbar region, attended by nausea. The skin is of natural temperature, but dry and scurfy; the countenance is natural; no cough or any pulmonary symptoms; there is epigastric uneasiness after food, and deficient appetite; tongue clean; bowels open at present, but occasionally constipated; urine limpid, and natural in appearance; no uneasiness during micturition; catamenia regular; pulse 92, natural. There is no pain in the extremities, but she states that the lumbar pain is increased by motion, but not relieved by the recumbent posture; there is no pain on pressure. States that she has been ill for the last fortnight, the darting shooting pain across the loins becoming daily more aggravated, and being now accompanied by occasional retching. She states that she has had much medicine without relief. The urine was examined, but no departure from its ordinary composition could be detected.

She was ordered calomel purges, with saline draughts and colchicum. She was subsequently cupped across the loins, with temporary relief, mercurial purges

being occasionally administered, with the object of relieving the tendency to constipation. The urine continued clear, and with no evident departure from its natural condition.

No relief of any consequence was obtained to her symptoms by these means. The view at first taken was, that this lumbar pain was an ordinary form of lumbago, which in the majority of instances being accompanied by, if not dependent on, constipation, would be alleviated so soon as the secretions from the intestines became natural and regular. As there were no erratic pains in the limbs, nor other symptom of a rheumatic character, the possibility of the pain being allied to that disease was not tenable. It was not till a week after admission that her urine began to exhibit some characteristics of derangement, with tenderness in the region of the kidneys. On the 8th of October, it was of a high specific gravity, 1.023, of darker colour, and depositing a sediment after cooling. The sediment was re-dissolved on application of heat, and exhibited the usual characters of the lithate of ammonia under the microscope; and accompanying this deposit were many crystals of the uric acid, occurring in the stellate form, accompanied by some few of the lozenge or acute rhombic shapes. The stellated masses of crystals were those produced apparently by the aggregation of many lamellated lozenges, whose axes lay in varying directions. The cause of the pain now became evident; the formation of uric acid in these minute crystalline aggregations being for the most part always attended with these acute lumbar pains.

From the absence of a more copious deposit of uric acid in the form of sand or gravel, as it is commonly called, there is some reason to fear that these crystalline masses may have formed minute calculi, and have become impacted in the pelvis of the kidney. The urgent pain suffered by the patient, and constantly referred to the region of the kidney, is in all probability dependent on this cause, or on that congested condition of these organs always present during the secretion of abnormal quantities of uric acid. The stellated form of crystal which you have just seen in the field of the microscope is peculiarly adapted to excite pain and irritation on any surface over which it may pass. The retching and vomiting which have occurred during the last twenty-four hours suggest also that minute calculi may be irritating either the kidneys or the ureters.

The morbid causes that lead to the formation of uric acid and its compounds in excess, are various. Whenever the cutaneous secretion is suddenly arrested or suppressed, uric acid compounds universally appear in abundance in the urine, the kidneys having thrown upon them the vicarious office of excreting from the blood those nitrogenous elements which should escape through the outlet of the skin. Thus, in ordinary colds, produced by a sudden chill of the surface, the urine becomes sedimentitious, and the urate of ammonia deposited on the cooling of the urine, appears as a copious white, fawn, yellow, or pinkish deposit. Food, rich in nitrogen, more than sufficient to supply the waste of the tissues, causes an increase and deposit of uric acid. Thus, a rich and luxurious diet, especially if combined with habits of indolence, becomes most favourable to the production of this deposit. Some forms of indigestion are accom-

panied by uric acid deposits. In these cases perfect assimilation of the elements of the food is not effected, and the nitrogenous elements of the ingesta not appropriated, or not perfectly assimilated, escape by the renal excretion in the form of uric acid compounds. In all forms of inflammatory fever, in acute rheumatism, and many other acute diseases, the waste of the body proceeds with rapidity, depending on the disintegration and absorption of the tissues, the balance between the supply and the waste being for the time suspended; the metamorphosis of the tissues proceeding faster than the supply of nutriment. Under these circumstances uric acid becomes developed in abundance. Lastly, local injuries to the loins and kidneys will induce a condition favourable to the appearance of uric acid in excess.

In the case of this woman there is no difficulty in referring the abundance of uric acid compounds to mal-assimilation and imperfect digestion. The uneasy sensation after food, the acid eructations, occasional flatulency, torpid and irregular bowels, declare the presence of dyspepsia. Accompanying the dyspeptic symptoms is a condition of the skin, frequently present in certain forms of indigestion, which unquestionably predisposes to the development of azotised products in the urine. Her skin is dry, harsh, and scurfy.

The indications of treatment are based on this view of her symptoms. She has been ordered a hot bath daily, to induce if possible, a greater activity in the function of the skin. Mercurial alteratives, so combined as to predispose the cutaneous exhalants to free action, have also been ordered,—

R. Hydrargyri cum Creta, gr. ij.; Pulv. Ipecac., gr. ss.; Extr. Conii, gr. iij. Tere simul ut fiat pilula nocte maneque sumenda, and effervescing draughts, with carbonate of potash, together with a farinaceous diet, embrace the treatment at present. The effect produced by it will form the subject of a few observations at our next meeting.

INTRODUCTORY LECTURE ON MIDWIFERY, DELIVERED AT THE BRISTOL MEDICAL SCHOOL, ON THURSDAY, OCT. 1st, 1846.

By J. G. SWAYNE, M.D., (Lond.,) M.R.C.S.E.

(Continued from page 501.)

As I have now completed this necessarily short history of midwifery, I shall next try to point out the manner in which you may best tread the beaten track which will ultimately lead to fame and eminence, only, however, after years of toil and application. Such is the rugged path—the steep ascent before you. There is no branch of medical science which requires of its votaries a more varied and extensive experience than this does; and perhaps there is no other which at first sight holds out such unattractive prospects in the cultivation of that experience. Before a man can attain any eminence in this art, he must have passed many a long year of plodding attendance upon uninteresting and every-day cases, which the youngest students are too apt to spurn as trivial and unworthy of notice. He must have gone through this dull routine of cases, apparently over and over again, with what he may think very little advantage to himself, in a

scientific point of view. But he will have the satisfaction on looking back upon his career, after the lapse of years, to find that his time and labour have not been mispent—that the tide of knowledge has been gaining ground, although by inches, and that every grain which he has collected in his patient gleanings, has added to his stock, and contributed to the extensive harvest which he is now reaping. This, then, and this only, is the way in which Hunters, Denmans, Baudelocques, and Nægelés have been produced, and it is only upon this practical foundation that their splendid works have been raised.

In the present day so much is required of the student that he is content to fly to short and easy roads to knowledge, rather than have recourse to the arduous but sure path of experience. He thus acquires a kind of superficial knowledge, which enables him to talk fluently and at random, upon a great variety of professional subjects, to the neglect of that safe and unerring knowledge, which is only acquired at the bed-side, and which alone can be of real service in the hour of need. All that you have read must be tested by your own experience, if you wish to effect anything great or original in any branch of natural science; otherwise all your knowledge will die with yourselves, and you will be little better than empty babblers, verifying what Lord Bacon says of the Greeks, "They have this property of children, that they are ready at talk but unripe at generation, their knowledge being verbal and devoid of works." It is much better in midwifery, at all events, to have a thorough practical acquaintance with a few leading principles, than to be able merely to discourse upon a great many, as Descartes has truly remarked, "Nous devons preferer la connaissance de quelque peu de verités à la vanité de paraître ignorer rien"

Midwifery has this essential peculiarity, which distinguishes it from the practice of medicine and surgery,—it is more monotonous. Labour being a natural process, it presents a great number of cases with but few shades of difference, whereas two cases of disease hardly ever occur which do not present marked distinctions. In midwifery, the management of a case consists mainly in circumspection; there is much less to do than in treating a medical or surgical case. As mankind therefore delight to be busy, it holds out fewer inducements than medicine or surgery, operative cases being comparatively rare; thus it is, that very commonly pupils who are not the most attentive will say, after they have attended some half dozen cases, that they perfectly understand the process of parturition, and in despair give up attending any more. But I can assure you they cannot reason more idly, nor arrive at a more pernicious conclusion than this. As well might the inhabitant of a desert rock think that he perfectly understood human nature, because he is familiar with the faces of six untutored companions in barbarism, as a student who has attended half a dozen midwifery cases, pretend that he is well versed in the process of natural labour; and miserable must be his position who enters upon practice with his reputation built upon such a quicksand! What must be his feelings, if in country practice, at a distance from all aid, he is with a female, who, from mal-position of the placenta, is every moment bleeding to death, and he allows her to perish for the want of that cool head and steady hand

which a diligent attendance upon cases would have conferred upon him! And there are positions (I allude especially to country practice,) where the surgeon must practise midwifery or not practise at all, and yet in these very places, from the difficulty of procuring professional aid, the practitioner is frequently thrown entirely upon his own resources.

But there is not such a great uniformity in midwifery cases as at first appears. It has been well remarked, that no two cases of labour are perfectly alike, and I can assure you that as far as my own experience goes, I can give an unqualified assent to this remark, for I never attend a labour without detecting some new feature, some little difference in every case from its predecessors, some difference perhaps in the nature of the pains, their frequency of recurrence; the time when the membranes break, their thinness or toughness; the size of the head; the width of the fontanelles, their situation with regard to the pelvis; the state of the passages, their calibre, obliquity, &c.; the time required for the expulsion of the placenta; the period of convalescence, state of the breast, &c., and a hundred other minutiae, which a moderately attentive observer cannot fail to notice. It is by a close study of all these little facts, that precision of knowledge is attained in this as in all other sciences. An eminent sculptor was once at work upon a statue, when one of his friends dropped in and remarked that he had made no progress since he saw him last. "Why," said the sculptor, "do you not see, I have finished this lock of hair, rounded that limb, and taken a little from this corner, which was too prominent before." "But those are all trifles," observed his friend;—"And is not perfection," said the artist, "made up of trifles?" So it is with us, it is only by a constant attention to all the little differences of touch which we meet with, and by the diligent education of our fingers, that we can ever hope to attain to the *tactus eruditus*, which is indispensable in all operations, and pre-eminently so in those now before us. A surgeon, it is said, ought to possess an eagle's eye, a lady's hand, and a lion's heart. In midwifery we require the two last qualifications only, and substitute for the eagle eye our fingers, which by long practice, we render equal in tact to the delicate feelers by which the lion distinguishes bodies in the dark, and intuitively acts upon such perceptions. It is by a careful notation of the landmarks, by faithfully recording the different situations in which the fontanelles and sutures of the child's head are placed at different times with regard to the mother's pelvis, that we have attained to that perfect knowledge of the mechanism of parturition, which is so indispensable in teaching us how to apply power in the use of instruments for hastening delivery.

There are still some other inducements which may be strongly urged in favour of the diligent attendance upon cases during the period of pupillage. He only who has witnessed a great number, and has seen what modifications the process undergoes in different instances, and with what varying degrees of rapidity the several stages of labour may proceed, can form a proper judgment when he may leave his patient with safety and credit to himself, and when he may not, so that a vast economy of time may thus be produced; and whilst a tyro is necessarily wasting his time in a lying-in chamber, to the neglect of his practice, an

adept would be going from place to place visiting his other patients.

But lastly, there is one most important thing to be learnt, and which can only be acquired by slow degrees, and by attending a great number of cases; it is a quality of paramount importance in midwifery, because it teaches the surgeon to preserve his equanimity of temper, and keeps him from rash and meddlesome interference. The quality I mean is patience. No man can possess this who does not know by experience what the powers of nature are competent to effect on these occasions. Patience is one of the first lessons which the young *accoucheur* has to learn. Patience enables the adept, who knows by experience what pangs nature will endure at this time, and yet in the end accomplish her work safely, to quietly await the result; when the tyro, listening to the suggestions of his own mind, and the entreaties of the patient and her friends, would rashly resort to instruments, and perhaps sacrifice the lives of the mother and her helpless offspring.

By the long time which I have dwelt upon this subject, gentlemen, you must now have perceived the very great importance which I attach to practical midwifery; for although in this science, as in medicine and surgery, theory must be combined with bed-side practice, I would rather see you start into practice discarding books and lectures, and trading only on a good stock of experience, than see you contenting yourselves with the former, to the utter neglect of the latter. It too often happens, that in midwifery as in surgery, rare and difficult operations become chief objects of study, to the neglect of every-day duties. In surgery, whilst crowds flock to the theatre to see operations they may never have to perform, minor operations which may occur every day are very apt to be neglected. Not one man in a thousand in the whole course of his life will have it fall to his lot to excise the superior maxillary bone, or tie the common iliac, but every practitioner will constantly be required to bleed, cup, apply bandages, and perform other minor operations in the ordinary routine of practice; and the misfortune is, that every old woman thinks herself a competent judge of the mode in which these little things are done. The same holds good with regard to midwifery.

I hope I have now said enough to stimulate your zeal in this pursuit, which I trust that you will enter upon without delay, remembering that a few cases are worth a thousand treatises, and that there is no time like the present, when coming examinations have not yet cast their shadows before them, and your studies are not yet so numerous as to be seriously interfered with. I may also remark, that this place offers facilities for midwifery practice of the same nature, and equal to those which are furnished by most London schools. I can only add, that I shall always have the greatest pleasure in furthering your object, and giving all the assistance I am able in any difficulties you may encounter in your career.

The picture of the science which I have held up before you has its lights and shadows; the landscape is a chequered one: but yet, I think, its gleams of sunshine are much more frequent than its clouds. The man, whose duty it is to succour a woman in the time of travail, can then afford such hope, comfort, and consolation, as can be inspired by him in no other situation; and when the hour of danger is past, the first

outbreak of "joy that a man is born into the world," will pour itself forth in expressions of the most lively thanks to one who has seemed to be little less than the special instrument of a wise and good Providence. Such are the feelings of this happy moment, and they cannot fail to awaken in a noble and generous mind the most gratifying emotions. But there are other inducements towards the practice of midwifery which are of a secondary and less disinterested nature, but which, nevertheless, as the world is now constituted, cannot fail to have considerable weight. Those who enter this branch of the profession have the satisfaction of reflecting that although it is one of the most arduous, it is also one of the most lucrative. The midwifery practitioner gains the confidence of his patients sooner, and becomes actively engaged in business more quickly, than any other; and when he has once been employed he is almost sure to be retained. Women have naturally a great aversion to changing their medical attendant: they of course wish to admit as few as possible into the "*arcana sacra*;" and when once they have employed him for themselves, they will be almost sure to crave his assistance for the ailments of their children and the rest of their household. So closely connected in practice are midwifery and the diseases of children, that they are always given in the same course of lectures. Moreover, the province of midwifery, like that of surgery, is tolerably secure from the incursions of empiricism and quackery. Being built exclusively on facts, and confined to action rather than abstruse speculation, it is not like the kindred science of medicine, subject to the inroads of all kinds of unprincipled interlopers. Homœopathy, hydropathy, and mesmerism, may pretend to cure hydrocephalus, pneumonia, or peritonitis, by ways and means of their own, because the *rationalis* and treatment of these diseases are past the comprehension of the vulgar, but they know better than to propose any new-fangled method of applying the forceps or turning the child in utero, any more than to attempt to ligature an artery, or reduce a dislocation; for even an ignorant, short-sighted, and gullible English public would quickly see the imposture, and hold it up to scorn.

As long as the world continues, and the human race increase and multiply, the practice of midwifery will never cease to be a source of emolument to our profession; for as the old women tell us, ours "is a never-failing trade." But to counterbalance the advantages I have just mentioned, there are many petty inconveniences which the *accoucheur* will necessarily have to put up with. After a day of toil, he will be liable to have his rest broken, to go forth and brave all weathers, spending the weary midnight hours in unprofitable listlessness, then to return to his duties the next day, with his energies damped, and his ardour quenched; and having gone through all this, he lies open to the most unmerited reproach, should everything not turn out favourably; for from the very nature of his calling, his fame must greatly rest with those who, generally speaking, are not noted for being mature in their judgment or continent in their speech. Thus, if a woman dies, either in labour or its consequences, her death will be sure to be laid by some officious meddlers at the door of the medical man. "You must bear in mind," says Dr. Gooch, "that whatever mischief happens after delivery, even if the

woman should break her leg, it will be imputed to something that happened at her lying-in, and the doctor must bear the blame." But if his reputation is built on a surer basis than the mere breath of fame, it will be certain to rise above these evil reports, unshaken by any such side blasts, and to remain a monument of truth alike the admiration and envy of all who are beneath. It is only the ignorant who have to fear such under-currents of slander, for in our profession ignorance is indeed weakness, and "to be weak is to be miserable, either doing or suffering;" but knowledge, on the contrary, is indeed power. Knowledge, however, for every-day use, requires to be dressed in an agreeable exterior; and if there is one thing, in fine, which will insure success in midwifery practice, it is a patient, kind, and attentive manner. There is no description of practice to which the trite adage "*suaviter in modo fortiter in re*" applies more aptly. We should ever remember that our patients belong to that sex, who from their confiding nature, are always wont to look up to ours for protection and support, and we should accordingly endeavour to forget our own inconveniences in our diligent attendance upon them at this trying and distressing period. These feelings, although they may be nurtured and fostered by that liberal education which every member of our profession ought to have received, yet to be genuine they should take root in that temporary sacrifice of self to the all-absorbing interest in the sufferings of fellow creatures, which so eminently characterizes the true gentleman, the philanthropist, and the christian.

CASE OF SCARLET FEVER, FOLLOWED BY SYMPTOMS OF EFFUSION ON THE BRAIN: MERCURIAL TREATMENT: RECOVERY.

By FREDERICK FRANCIS GIRAUD, Esq., Surgeon,
Faversham.

Annie Giraud, aged 9 years, had a mild attack of scarlatina about the middle of August, which appeared, as I had hoped, to pass off without leaving any sequelæ. However, on the 13th of September, slight œdema of the eye-lids shewed itself; and on the 15th, towards evening, whilst amusing herself quietly with the other children, she sat down, and complaining that she could not move, requested the maid to assist her in walking. Immediately after this, a general convulsion of the whole body took place, which continued for five or six minutes, and left her with hemiplegia of the left side. She now complained of great pain in the right temple and over the eye-brow of the same side. Six leeches were applied to this part, from which remedy she expressed great relief, which was soon followed by a return of power in the left side, after which she walked without the least difficulty. I gave her two grains of calomel, and went to bed, leaving her perfectly conscious and free from pain.

On visiting her the next morning, Wednesday, the 16th, at five o'clock, I found that she had slept well until about one o'clock, when she complained of headache and was sick; then she fell into a sleep again, which was interrupted occasionally by a feeling of sickness, with headache. I at first attributed these symptoms to the action of the calomel taken at

bed-time, but they proceeded from the head and not from the stomach, for in a few hours, viz., at half-past ten p.m., she complained of great increase of pain over the right eye-brow, and appeared terrified at the prospect of another convulsion fit, and exclaimed, "Oh! papa, if you cannot take away this pain I shall never be well again." Leeches were applied, but she soon became incoherent, and vociferated loudly, with occasional shrieks, so characteristic of meningitis. These symptoms were alternated with a kind of saw-saw singing and tossing about in the bed; then a convulsive fit would come on, with different degrees of intensity, but leaving no paralysis of the limbs. The state of the pulse was constantly varying.

In this manner, the latter part of the day and much of the following night were spent. A blister was applied to the nape of the neck and to the right temple; an injection of croton oil with mucilage was administered; and calomel, in doses of two and three grains, was given every hour or every two hours, as opportunities were afforded to get it down; sometimes she would swallow it, at other times putting anything into the mouth induced a violent effort to spit and force it from the surface of the tongue. Mercurial ointment was freely and frequently applied over the abdomen and part of the chest.

During the whole of the day, and nearly all night, the act of rubbing the surface with ointment, as well as the efforts to make her swallow the medicine, caused much incoherent vociferation and resistance; but early on the morning of the following day—viz., 17th, she became more obtuse, and the convulsion fits less frequent; the pupils were dilated and fixed. Calomel and mercurial friction were continued at intervals of two hours through this day.

At about one o'clock, p.m., a constant rolling motion of the legs came on, whilst the hands and forearms were fixed and contracted; she snored loudly at times; the face was tumid; the lips livid; the pulse very feeble and rapid; the breathing was quick and laborious; and her existence seemed to be confined to mere organic life, which itself appeared to be fast declining. From one o'clock until four or five, p.m., several grass-green evacuations passed, which gave hope that the mercury had entered the system; still the severity of the symptoms gave me no reason to indulge a hope of her recovery; however, about seven p.m., she began to breathe more tranquilly, the pulse became less frequent, still the pupils remained fixed, and there was no return of consciousness.

At eight o'clock she breathed naturally, and the pulse was reduced to a little more than 100 in a minute; I therefore tried to rouse her, asking her at the same time whether she would take a little milk, when, to my great astonishment, she answered by saying, "yes." Soon after this she inquired for cold water, and then fell into a healthy sleep, which continued all night, only interrupted occasionally by asking for something cold to drink.

Friday, September 18th. She was much refreshed with sleep this morning, answered questions correctly, but had no recollection of any thing that had passed since the time she was first seized with convulsions; she complained of nothing but the effect of mercury, her mouth being very sore, and the left eye-lid and pupil still remained powerless.

October 18th. She has continued to improve in health and strength, and there is a slight return of motion in the eye-lid. She pursues all her former amusements with her usual cheerfulness, and evinces the same readiness and capacity for attending to her lessons as she did before her illness.

The chief points of interest in this case are the gradual development of the effects of effusion between the membranes of the brain, and the subsequent removal of the effused fluid and of the inflammatory action in the membranes, appearing to result from mercurial action.

The same weakness of the capillaries consequent upon scarlatina, which caused œdema of the eyelids, suddenly seemed to affect the minute vessels of the membranes of the brain over the right hemisphere; partial paralysis and convulsions appeared to be the consequence of the effused fluid pressing upon portions of the brain, and in watching the case, I could imagine, that the first suspension of urgent symptoms indicated a more diffused state of the effused fluid, without any increase of quantity. At the end of the first twelve hours, symptoms of meningitis came on, indicated first by intense pain over the right side of the forehead, followed by loud screams, delirium ferox, and convulsive twitchings. At this stage of the illness, I supposed that effusion was going on more rapidly, for these active symptoms in a few hours gave place to coma, fixed and dilated pupils, stertorous and laboured breathing, and constant rolling motions of the lower extremities, which last symptom, I inferred, was caused by the fluid from between the membranes of the brain, having extended to the theca vertebralis, which I supposed was therefore in a state of high irritation, verging on inflammation, from the presence of an increased quantity of fluid.

At the very time when the rapid increase of the symptoms of effusion led me to expect that the respiratory nerves would soon become paralyzed, my hopes of mercurial action becoming established were revived, by the circumstance of copious grass-green evacuations passing, as well as a considerable quantity of urine, and from this time the improvement began.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 28, 1846.

A letter, under the title of *Medical Reform*, but really an attack on the Provincial Medical and Surgical Association, has been published in a London medical journal of last week. The writer, though his intention is manifest enough, is obviously but imperfectly informed of the nature, objects, and proceedings of the Association. This will be sufficiently clear to our readers when we state that the Association is charged with supporting the Council of the College of Surgeons in their proceedings under the new Charter! and with virtually excluding general practitioners from the Council of the Association!! A reply to either

of these charges is certainly not necessary as regards the members of the Association. We have only to refer to the proceedings of General Meetings, to the reports presented at those meetings, to the petitions and memorials emanating from them, and from the Council, and addressed to the legislature and the Government; and, in short, to every act of the Association from the first promulgation of this Charter to the present time to expose the entire groundlessness of the accusation.

Neither is it needful for the information of the members of the Association to treat the second charge more seriously. They are well aware that the members of the Council are appointed at the General Meetings of the Association, that no exclusion is practised, that the appointments are made to meet the convenience of the Branches, and for the purpose of working out the local arrangements of the Association, and in every case where practicable, on the nomination of the members resident in the Branches and various districts in which members of the Council are required. This selection, we will fearlessly assert, has been made in all instances without regard to any class distinctions, and the sole object in view has ever been the general fitness of the individuals named for discharging the duties of the office with efficiency.

But it is said that four-fifths of the Council are Scotch Physicians and Fellows of the London College of Surgeons. If by Scotch Physicians, the Graduates of the University of Edinburgh are intended, we have only to remark, that probably nine-tenths of the physicians, practising in the provincial districts belong to that class. They are natives of England Ireland and Scotland, who, from the real eminence of that University as a school of medicine, studied and graduated there before the Metropolitan University existed, and when the course of medical study in any English University was considered, to say the least, scarcely of equal value. They are precisely of that class which the College of Physicians were compelled by public opinion to admit into their Fellowship, not many years ago, and from which the College has since acquired many of its brightest ornaments. With respect to the Fellows of the Royal College of Surgeons who are members of the Council of the Association, it should be borne in mind that they were members of the Council before they were Fellows of the College; that their real eminence and standing, as provincial surgeons, forced the distinction, and that irrespective of their being in general practice or not. The simple fact is, that the writer of the letter referred to, has been misled by finding the names of so many of these gentlemen in the list of Fellows of the College, and imperfectly informed as to the state of the profession

in the provinces, has been thence led to conclude that they were all *purses* as he terms them. If he looks a little further he will find that a very large number of the members of the Council of the Association though Fellows of the College of Surgeons yet are in general practice; that even the present President of the Association is so; that two at least of its former Presidents were so; and, in short, that in making any appointment in the Association, the designation or line of practice of the individual has never been looked to, but the only consideration has been his general fitness for it.

SHEFFIELD MEDICAL SOCIETY.

October 14th, 1846.

The President, Mr. TURTON, in the Chair.

Dr. Branson exhibited a drawing of a tumour of the abdomen, which he had taken. The subject of it was a patient of the late Dr. Favell, who suffered from what was supposed to be a serous cyst of the liver, which was of very large size, and which entirely disappeared in six months by the use of iodine.

CONGENITAL MALFORMATION OF THE INTESTINES.

Mr. Ray exhibited a very remarkable congenital malformation of the intestine, sent to him by Dr. Guy, of Thorne. It was taken from an itinerant jeweller, who died in about seven hours after being seen by Dr. Guy.

When first seen, he complained of extreme restlessness, not from pain, but from a sense of suffocation. Countenance livid and anxious; eyes depressed; cheeks sunken; nostrils dilated; skin cold, and covered with clammy perspiration; extremities blue and cold; abdomen tympanitic; pulse 70, small and wiry, at times hardly perceptible; the sounds of the heart distinct but feeble. Health generally good, but has for years suffered from extreme constipation, fourteen or fifteen days occasionally elapsing without an evacuation. For the last six days his bowels had not been moved, notwithstanding he took aperients three days ago. The day before his death he complained of general pain in the abdomen, but it was not very severe; this subsided on the day of death, and vomiting supervened, which recurred every few minutes. He complained of a sense of fulness and suffocation, but he had no pain even on pressure. Has not passed urine for twelve hours, and the use of the catheter brought away a very small quantity. By the use of enemata, O'Beirne's tube, &c., a very small quantity of fecal matter was brought away, and the sickness subsided. He sank very calmly, seven hours from being first seen.

Post-mortem, eighteen hours after death:—Abdomen tympanitic; decomposition rapidly progressing. On opening the abdomen a quantity of fluid and fecal matter escaped. The intestines were distended and injected. About twelve inches of the ileum at its termination, was of a dark purple, nearly black colour, and was twisted through a loop formed by a portion of intestine which passed from the ileum, in length about five inches, and terminated in a *cul de sac*, adherent to the parietes of the abdomen, midway between the

umbilicus and pubes. This, which was the portion exhibited, did not present any other appearance than injection, and very much resembled the appendix vermiformis, only that it was much larger in calibre. Below this diverticulum, the ileum had given way in several places, and was very soft and gangrenous; the portion turned over the loop formed the stricture, and was half full of fecal matter. The other viscera were healthy.

Mr. Law exhibited the bladder and dura mater of an elderly man, who had died in the Infirmary from prostatic disease. The bladder was very much thickened and the prostate gland very much enlarged; the dura mater was very much thickened generally. The patient had shewn no head-symptoms until a very short time previous to dissolution.

OSSIFICATION OF THE AORTA.

Mr. Law also exhibited the heart of an out-patient of the Infirmary, who died very suddenly while waiting to be seen by the surgeon in consequence of a severe injury to the shoulder-joint some weeks before. He had made no complaint indicating heart-disease, excepting occasional asthmatic attacks of a very slight character. The aortic opening was nearly closed up by a complete mass of bone, there being only a small cleft through which the blood could pass. On inquiry afterwards, it was found that he had occasionally suffered from fainting fits; but he never complained of them at the Infirmary.

ARTIFICIAL TEETH AND GUMS.

Mr. Bartlett exhibited specimens of artificial teeth and gums, for which he had recently obtained a patent. The advantages to be derived from this process are,—the accurate adaptation to the surface of the gums, the doing away with springs, the fixing of the teeth to the artificial gum without pins or any metallic substance, and the beautiful permanent staining of the gums. The specimens exhibited were very beautiful pieces of mechanism, and as shown by those worn by Mr. Bartlett, were easily removed and applied, and allowed the performance of mastication with great ease and comfort.

OPIUM IN PERITONITIS AND INFLAMMATION OF THE UTERUS.

The President read a paper "On the use of Opium in Peritoneal and Uterine Inflammation."

After speaking highly of opium, as a remedial agent in its various forms, as applicable to the treatment of the numerous affections of the animal economy, the consideration of the extraordinary effects of its exhibition in inflammation of serous membranes, especially of the peritoneum and its uterine coverings, was then entered into. Mr. Turton had formerly regarded opium as valuable, used in the way, and with the intention, of Dr. Armstrong, as recorded in his lectures, in which he states, "I saw a lady who had peritonitis, for which she was bled in the morning with complete relief of fever and inflammation, both of which returned in the evening, and were again relieved by bleeding; still they returned at night, and on the following morning required the abstraction of blood, which was carried to approaching syncope. Three grains of opium were then given, and three one-grain doses at intervals of one hour. The patient fell into a

tranquil sleep, with a copious perspiration, and recovered perfectly." Dr. Armstrong considered that the opium removed the hemorrhagic re-action which follows the use of the lancet; but Mr. Turton felt prepared to say that this was not the only way in which it proved useful. He believes that it was attributable to its sedative action on the nervous system, merely producing a secondary effect on the circulation. He then quoted Ballard and Garrod to the same purport as Dr. Armstrong, and in addition stated that they speak of the exceeding great value of the combination of opium with calomel in the form introduced by Dr. Hamilton, of Lynn Regis, in which the opium, by relieving pain and spasm, and inducing quietude, assists the calomel in producing its constitutional effect. But the value of opium is not only shown in its combination with calomel; it is also very beneficial accompanied by mercurial friction, not carried to the extent of ptyalism. Dr. Elliotson considers that in the low stage of puerperal peritonitis, where the pulse is feeble, and the countenance expressive of great debility, opium is far more suitable than venesection. In further corroboration of the utility of this remedy, Mr. Turton quoted a passage from Dr. Watson's lectures, in which, after showing the great impropriety in pure peritonitis, of the speedy administration of purgatives, the treatment by opium is strongly advocated, and the most decided preference given to this treatment in those cases where, from the suddenness of the attack, and the urgency of the symptoms, there is reason to think there may be perforation of the intestines. Mr. Turton fully concurred in the views of these eminent men, and had found in several cases, some puerperal and others pure, but not less striking, opium, in doses of two grains at the first, and one grain every two or three hours after, of the greatest service. In some cases he administered it alone, but in the majority he had also used mercurial friction and injections of castor oil. In a case lately under treatment, in which from the suddenness of the attack and the urgency of the symptoms there was every reason to believe that perforation had taken place, the patient, under the treatment by opium and mercurial friction, survived nearly three weeks. From his experience he has banished the idea of its constipating effect in inflammation, and now thinks it in these cases one of the most powerful of remedies, indeed equal to the lancet and leeches; but he would not rely on it alone, except in those cases in which leeches or the lancet had been used.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

MEETING AT SOUTHAMPTON, September, 1846.

SECTION OF PHYSIOLOGY.

President: PROFESSOR OWEN.

Tuesday, Sept. 15th.

"On the Identity of certain Vital and Electro-Magnetic Laws," by Dr. Bullar. The object of this paper was to show that the direction and formation of blood-vessels, and the capillary circulation through them, which is independent of the propulsive power of the heart, are in accordance with laws identical in their direction and relation to each other with those of the electro-magnetic force. The formation of blood and

blood-vessels in the germinal membrane which surrounds the embryo during the incubation of a hen's egg, was taken as a simple type of this process. The small whitish disk on the yolk-bag (the cicatricula,) is the spot where the vital changes begin. The embryo occupies the centre of this spot, and becomes the centre of the vital force exerted by the mother's warmth. From this centre the force is communicated to the yolk-bag. The disk enlarges, still keeping its circular form, and marked by concentric circles, more or less perfect. The disk is produced by the conversion of the yolk into cells, which adhere as a thin circular layer. The circular form of this disk, and the general concentric arrangement of the cells, were considered to indicate that the lines of vital force which arranged and preserved that form were circular. The next step is the conversion of a portion of these cells which form the disk into blood and blood-vessels. The trunks pass in the direction of radii of the original disk and central germ. The main trunks unite at the central heart, which is at first only a bent portion of the common trunk. The capillaries inosculate at the circumference. Thus the vessels form a complete circle. This circular arrangement of the vessels as radii indicates a second circular force at right angles to the plane of the former one. The next step is the formation of these vessels. Those called by Harvey "*vasa lutea*" are coarse, and the stages in their formation are more easily watched. They are formed in the substance of the disk, and out of the same material—the cells of the yolk. These cells continuing to accumulate, some are arranged as cylinders; then, in succession, as half-circles, circles, net-work, and trunks converging to the central embryo. At this stage each vessel is a coarse yellowish cylinder, with a red streak down its axis. Externally it is composed of cells of various sizes, which can easily be brushed off from the transparent tube which they cover, and which is composed of smaller cells, and contains the red blood itself flowing towards the centre. The inference drawn was, that this tube, formed of cells around the current, is the evidence of a circumferential force around the current, arranging the cells as a tube.

Such being the relation and direction of the vital force in arranging their forms, it was shown that it was in accordance with the direction of the electro-magnetic force. The law of this double force, which bears on the present inquiry is, that in order to act, both currents must circulate,—that is, each must return into itself. That the galvanic force must circulate, is evident from the construction of the simple galvanic cell. The magnetic force accompanying the galvanic obeys the same law. It also circulates, but in a plane at right angles to the galvanic. Dr. Wollaston called it, in consequence, vertiginous magnetism. These two currents are inseparable. They are *directive* forces or *carrying*, according to the condition of the matter on which they act. What is true of the magnetic current round a single wire conveying the galvanic current, applies to two or more wires if put together as a ribbon, or to a slip of metal, the only difference being the increase of force in the latter instances. If the galvanic wire be bent in a circle, or several wires be arranged so as to form a series of concentric rings, or, which is the same thing, a spiral coil

of wire be made, the magnetic force still retains the same direction as in the first instance; but as the whole of the wire acts upon the circle of force, it makes it move through the centre of the ring or coil. If such a spiral coil be placed on iron filings, they arrange themselves in lines, passing through the centre parallel to its axis, and then folding up on either side as radii round the edge, where they meet. These experiments were quoted from Dr. Faraday. Such a spiral coil, through which galvanic force circulates, was considered to represent the disk around the embryo; the iron filings representing the direction of the capillary vessels, arranged circularly in a plane, at right angles to the disk, by the magnetic force accompanying the galvanic. From comparing the two, the conclusion was drawn that, in both cases, the forces at work obey the same laws; that the formation of a circular living disk, by a central force constantly acting, proves the existence of a circular force around that centre, and is analogous to a flat spiral or disk, through which the galvanic force is circulating; and that this vital force in the disk is necessarily attended by a second circulating force in the direction of radii to it, such as is indicated by the arrangement of vessels to and from the centre. The actual movements of the molecules in this living process are invisible, as it is one of growth; but the form produced is explicable on the hypothesis that the living force acts in accordance with the laws of a force the direction and selection of which have been ascertained.

The truth of this analogy is rendered still more probable by the relation between heat and galvanism, discovered by Seubeck. If a current of heat, instead of a current of galvanism, be made to circulate through the spiral coil of wire, it will, like galvanism, develop magnetic currents in the direction of radii to the centre. Now, the mother's heat is the source which supplies power to the embryo. In both these instances—in the metal coil of wire and in the living disk—the force is in the form of heat. In both there is a primary concentric arrangement of matter for the transmission of this force; and in both there is the evidence of a second circular force at right angles to the first. If, instead of the arrangement of the galvanic wire as a flat spiral coil, the rings are arranged side by side as a spiral *tube* or *helix*, then the second or magnetic force would be through its axis. It would be a tube which, if placed in water, would carry one pole of a magnetic needle, floated on cork, through it; and iron filings would arrange themselves in a circular line going through the helix, round on the outside, returning into itself—(Faraday.) The spiral galvanic force here produces the current through the tube. The converse would be true.

It was then shown how these laws were applicable to the formation of vessels. Blood is first formed; and when it circulates a tube is formed around it. The current of blood indicates a force through the axis of the tube; the tube itself indicates a circumferential force around the current to arrange its materials as a tube. The tubes are arranged circularly, meeting at the heart in the centre, and at the capillaries in the circumference. The living tube, if it followed electro-magnetic laws, would have (like the spiral coil of wire through which the galvanic force was circulating,) a circular force through its

axis; and, conversely, this current would tend to form a tube around itself—supposing always appropriate materials. The vital force has evidently appropriate materials in the form of cells. Those cells, which exposed to oxygen become converted into red globules, are moved in a current, thus showing that they are fit matter for the influence of vital force in one direction, and that such a force is moving them; whereas the smaller and transparent cells are arranged round the current as a tube, thus showing a second force at work around the first. There is a current in one direction, and a tube around it; neither tube nor current can be explained without the assumption of a moving power; both are readily explained by two circular forces having the same relation to each other as the electro-magnetic. The cells out of which the disk and vessels are built have been regarded so far as under the influence of forces external to them. But each cell has a life and force of its own, similar in kind to the central force, but less in degree. The central force subordinates all lesser forces, and makes the disk one.

Entomologists have shown that the earliest appearance of organization in the ova of plants and ova of animals is a cell, and that such cell has a nucleus, and each nucleus a nucleolus, or central spot,—which is the essential part of each cell,—and, though destitute of matter, has the power of forming cells, and arranging them round it. Dr. Barry has shown that each secondary cell becomes, in its turn, the centre of a similar action; smaller ones being generated and arranged round the larger ones. Professor Goodsir finds that the inner membrane of the tubes of glands is formed of cells, and that nucleated cells are found among them, which he calls centres of nutrition, as if these nucleated cells were the parents of successive broods of young cells passing off from them. These centres of nutrition are here called centres of force; and, according to the law of this force, there would be a common centre, bringing all these isolated centres into one comprehensive whole.

The vascular disc of the yolk-bag had been taken as a central fact, the right comprehension of which would explain other facts of the same kind, but more complex. Its application to some few facts in physiology was then shown—such as the formation of new blood-vessels; the tubular form of the vessels and of ducts among cells; of circulation through capillaries, independently of the contraction of their coats, or of the propulsive power of the heart; and of that universal fact that, wherever there is a central heart, there are powers at work, which neither its propulsive power nor capillary action can explain, of forming new vessels in connection with the old ones. Such a universal fact becomes a law, when the cause is shown. This cause or law, now proposed as the solution of these living processes, is, that the vital force circulating in two directions, one circle being in a plane at right angles to the other,—thus identical in direction with the electro-magnetic force,—will explain the phenomena; or, in other words, that wherever there is a central moving force, there is a power at work around and to and from that centre, capable of arranging fit matter as tubes, and of circulating fluid to a certain extent through them, and that the tubular formation is owing to a vital power identical in its direction with the galvanic; and

the radiated arrangement of these vessels, and the circulation (to a certain extent,) of fluid through them, are dependent on a power accompanying the former, and identical in its direction with the magnetic force. The conclusion was not drawn that the vital and electro-magnetic forces are the same, but that the direction and relation of both forces are identical.

Sir John Herschel said, as authors had placed before the Sections their opinions of the origin of muscular contractions and motions, he would also mention an opinion of his own, merely in the form of a guess for future consideration. There were three things to be noted in the entire phenomenon,—the first was mental,—viz., the determination of the will; the second was an effort, the existence of which became manifest by the consequent weariness; the third was the force which resulted and manifested itself in the effect produced. Now, here it appeared that a link was wanting between the second and third; and to supply that link was the object of the present inquiries. The idea he wished to throw out was, that the individual portions of muscular fibre might consist of something like spheroids inclosed in outer coverings; and that, in the quiescent state of the muscle, these spheroids might all lie with their major axes or longer dimensions along the length of the muscle, and then by an excitation of electric currents around them, caused by the will and consequent effort either circulating through the surrounding tissues or suitable nerves, a reversal of polarity might cause these spheroids to reverse their major and minor axes, and thus cause the entire muscle to swell out at right angles to its previous length.

Dr. Carpenter stated that by the aid of powerful microscopes it was easy to see, in a properly prepared muscle, that its several distinct fibres were divided into oblong cells. In the act of muscular contraction these cells contracted in their longer dimensions, and were thus forced to swell out in their shorter.

CASE OF POISONING BY LAUDANUM: INQUEST.

An inquest was held on Thursday, October 15th, before A. H. English, Esq., Coroner for Bath, on the body of a male infant, aged five days, the child of a man named Carey, which died from the effect of two drops of laudanum, administered to it by its nurse.

Mr. G. King, surgeon, deposed that Mrs. Carey was delivered on Friday night, about ten o'clock, of a fine healthy boy; he saw the mother and the child the next morning, Saturday, and on Monday, both going on well. On Wednesday morning, about eight o'clock, he was sent for by Mrs. Carey to say that her baby was very ill. On his arrival he found the child in the nurse's arms in a dying state. The mother stated that the nurse had given it two drops of laudanum about three o'clock in the morning. Witness recommended a cold bath for the child; the parties demurred about it, when Mr. King himself plunged it into a tub of cold water, which revived it, and it cried; it afterwards relapsed. Mr. King continued his attendance till its death, which took place at nine o'clock in the evening, the cause of which, he believed, was an over dose of laudanum.

Mrs. Edgar, a neighbour, was next examined. She was present at the birth, and had seen the child every day since; heard no complaint of its being ill; thought it a very healthy child.

There being no other evidence, the coroner thought that there should be a *post-mortem* examination, as it would be satisfactory to the jury to know that there was no other cause for the death of the child. The inquiry was adjourned till the following evening, to admit of a *post-mortem* examination.

It was then deposed by Mr. King that, in compliance with the Coroner's order, he had made a minute examination of the brain, the stomach, and bowels, which were all in a perfectly healthy state; there was no smell of opium in the stomach; he was assisted in this examination by Mr. Cox. Mr. King was asked if, after the *post-mortem* examination, he saw no reason to alter his evidence given yesterday? No, he was still of opinion, from the symptoms during life, that the child had died from the effects of some powerful narcotic poison, which he believed to be opium, he having been told that two drops of laudanum had been given, and this, in his opinion, was enough to cause the death of a child five days old.

The father of the child was examined. He knew nothing of the circumstance until the child was dying; he had found a bottle with about two drachms of laudanum in it in the bed-room, which his wife told him was the one the nurse took it from. It had been in the house eighteen months. Mr. King examined it, and though it had been kept in the house so long, it was stronger than if it had been fresh bought; the spirit had gone off and left the opium.

The Jury returned the following verdict:—"That the child died from the effects of two drops of laudanum, administered to it by the nurse, and, having frequently been attended with good results, through good intent; that is to say, *Excusable Homicide!*"

The nurse had before administered laudanum to children to ease their pains. The Coroner considered the verdict in direct opposition to the law as held by authorities referred to by him in summing up, and adjourned the inquiry till Saturday evening, when he agreed to receive the verdict; and, after an admonition and caution to the nurse as to her future conduct, the Jury was dismissed.—From the *Bath Chronicle*.

MEDICAL CONTRACTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Before offering a few remarks upon the letter of your correspondent of the 7th instant, signing himself "Honestas," I should assure you I am not connected either directly or indirectly, with any club, society, fellowship, or body of men, who take the method described by "Honestas," for remunerating their medical attendant. But I must confess I do not see in it anything to justify the expressions of "disgraceful" or "beggary." Let us look at the subject—first as regards the working men, and then with reference to the degradation (*in point of pay*,) it brings upon the profession. Do not suppose I wish to uphold these clubs upon all views of them; I refer solely as regards

the pay of the medical officer—for that seems to be the “bone in the throat” to “Honestas,”—and the standard of respectability,—a poor one I must confess!

As regards the working men, it is true they have good wages. I believe about 3s., or even 3s. 6d. per day in some cases; but as they are called upon to do heavy work, so they require also a greater amount of food, &c. &c., to keep the steam up; and from the manner in which they are supplied with these requisites, (not being able, generally speaking, to go to the cheapest market,) the wages appear greater in amount than they are in effect. I refer here to the system by which the railway contractors pay their men—viz., partly in provisions and beer for their daily sustenance, and the remainder in money. This being the case, they handle but little cash at the end of every fortnight; and should illness overtake any one of them, or should an accident occur, they would have no alternative, but either to become inmates of an infirmary, separated from their families and friends, or else to apply for the parish medical attendant—a thing they are not pleased in doing. Having therefore enough to enable them to lie up for a few days if need be, though not enough to have the expense of a doctor into the bargain, they, as a body, form a mutual assistance society, each member of which, as in the case of “Honestas,” pays two-pence a week to the medical fund, amounting to £13 a year, which sum they either pay monthly, quarterly, or by the year, to some medical man elected by ballot, who, whenever sickness occurs, is expected on his part to attend and supply medicines to the patient, as if he were a “private patient.” Medical clubs of this kind, exist among railway labourers, Odd Fellows, Old Foresters, railway police, &c., and among many of the local clubs.

But as regards the medical man,—I mean as to the amount of remuneration he receives for the attendance, &c., given,—could we obtain from all the medical officers of clubs, &c., a correct account of the attendance and medicines supplied by each to club patients, we should find the pay given to surgeons by these clubs, to be infinitely greater, than that of any Poor-law Union in existence. For this £13 per annum is for medical attendance upon thirty, at the commencement healthy and able-bodied men, perhaps not one of whom has any serious illness or accident during the year; a few requiring perhaps, medication for slight ailments. I have known a surgeon who has several clubs, one of which contains from eighty to one hundred members, not have a dozen cases from it during the year, and those trifling; and I have been informed by those who have held such appointments, and have kept an account of every patient, with all they have done for or to them, and have then prized all at the same rate as they did private patients of respectability, and they found the total did never amount to so much as the sum they were in the habit of receiving from their club, often *not half so much*, rarely *much above half*,—a fact, difficult I should say, to be matched from the records of the Poor-law medical remuneration.

I trust you will excuse my having troubled you on this subject; I should not have done so, but that your “leader” of the 14th inst., contained a remark upon, and reference to, the letter of “Honestas,” from which it appeared to me you were not sufficiently acquainted

with, or had not duly considered, the circumstances under which the clubs exist, and the actual amount of pay for the medical attendance given.

I am, Sir,

Yours &c.,

YOUNG VERITY.

October 16, 1846.

MEDICAL CONTRACTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

What will your correspondent “Honestas” think when he learns that a surgeon, residing in an adjoining village, has contracted with forty agricultural labourers, (chiefly resident in the village in which I reside,) to attend them, and find them medicine, for the sum of two shillings a year?—not a half-penny a week!

He has also hired a room adjoining my residence, where he dispenses their medicine; and he sits two mornings a week, to receive such of them as do not require attendance at their own homes.

I can also tell of other medical men, who accept the offices of club doctors, and the rate of payment is no more than three shillings a year; and as far as my acquaintance with such matters extends, six shillings a year is the maximum; but as I am not a club doctor, I do not speak very confidently about the maximum rate of payment.

I am, Sir,

Yours obediently,

AMICUS JUSTITIÆ.

October 17, 1846.

SOCIETY OF APOTHECARIES.

The following gentlemen were admitted Licentiates, on Thursday, October 15th:—Francis Paul Forge, Driffield; Joseph Seymour Metford, Clifton; Robert Shackleford Cross, Petersfield; James Kelly, Liverpool.

BOOKS RECEIVED.

Observations on the History of the Cure of Popliteal Aneurism by Compression. (From the *Dublin Quarterly Journal of Medical Science*.)

Quarantine and the Plague, &c. By Gavin Milroy, M.D. London: Highley, 1846. 8vo. pp. 71.

TO CORRESPONDENTS.

Communications have been received from Mr. King; Mr. F. Cox; A Member of the Association; Mr. H. Ewen; Verax.

A reply to “Honestas” has been received, in which the writer attempts to fix the authorship of the letter published under that signature, without any grounds for so doing, beyond the circumstance that he has himself been a party to a similar transaction. We must therefore decline inserting it. The two-pence per week arrangement is admitted by our correspondent to be a general one with the class of railroad labourers, and it is obvious therefore, that the observations of “Honestas” may apply to other localities besides that in which our correspondent resides.

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"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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WEDNESDAY, OCTOBER 28, 1846.

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*Four Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Woodcuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON FRACTURES OF THE SPINE.

By G. M. HUMPHAY, Esq., F.R.C.S., Surgeon to Addenbrooke's Hospital, Cambridge.

The following is a brief account of the four specimens of fractured spine produced by me at the recent Anniversary Meeting of the Association in Norwich, and referred to by Mr. Crowfoot, in his relation of the case of Anthony Callow. They are all in the pathological collection belonging to the University of Cambridge :—

1. Six lower dorsal vertebræ. The ninth broken in its articulating processes, and chipped in its body, has been driven forwards upon the vertebræ below, so that the column is bent to an obtuse angle. The fore part of the body of the tenth vertebra is broken in several directions, and its hinder and upper edge projects backwards into the spinal canal, so that the cord must have been compressed between it and the arch of the vertebra above. No attempt at reparation has taken place.

From a man aged 60, who fell from a load of straw, on his back. Immediately after the injury there was slight prominence of one of the lower dorsal spines, with tenderness in this situation, and complete paralysis below the navel. These symptoms continued till his death, three weeks after the injury.

The dura mater opposite the injured part was entire, but the spinal cord was completely divided transversely. The divided ends of the cord had undergone no change of structure, and looked as though the accident were quite recent.

This case was in the Norwich Hospital, and I am indebted to Mr. Thomas Crosse for the specimen.

2. Seven cervical vertebræ. The fourth, together with the upper part of the column, has been thrown forwards in a twisted manner upon the fifth. The displacement has taken place chiefly on the left side, where the articulating processes are separated. The arch of the fifth vertebra is broken through, and a triangular portion of it has been carried forwards beneath the arch of the vertebra above, so as to be almost in contact with the body of its own vertebra. The anterior and posterior vertebral ligaments, as well as the ligaments connecting the arches, remain entire. In the recent state the displaced vertebræ readily resumed their natural position, when the lower part of the neck was raised, and the head allowed to fall a little backwards.

From a man, aged 55, who fell down stairs head first when drunk. There was immediate and complete

paralysis below the neck, the diaphragm alone acting; also irregularity of the cervical spines. Shortly after the injury he had several convulsive fits, in which the arms, and more especially the right, were moved spasmodically. He gradually became insensible, respiration was effected with increased difficulty, from mucus collecting in the air-tubes, and he died fifty hours after the accident.

In the spinal cord between the roots of the fourth and fifth cervical nerves, was a transverse soft space. This was most distinct on the left side, where there was partial division of the cord. The dura mater was not injured.

In this case decided, though slight, temporary relief to the difficulty of breathing was afforded by placing a roll under the lower part of the neck, and allowing the head to fall back upon the bed unsupported by any pillow. The convulsive movements of the arms, associated with those of the face, shewed the injury of the cord not to be sufficient in its whole thickness to prevent the transmission of nervous influence altogether; and the fact of involuntary influences of this kind being transmitted through a portion of nervous structure incapable of conveying the impressions of volition, is an evidence of the greater force of the former as compared with the latter, and corresponds with the amazing power sometimes exerted by muscles acting convulsively.

3. Six lower dorsal vertebræ. The upper and anterior part of the body of the tenth has been broken off and carried downwards and forwards with the body of the vertebra above, the hinder and lower edge of which is lodged upon the fractured surface of this tenth vertebra. In consequence of this displacement the column is bent to an obtuse angle, and the hinder and upper edge of the body of the tenth vertebra projects backwards into the spinal canal, so as almost to touch the arch of the ninth. The articulating processes of both these vertebræ are broken. No callus has been formed about the fractured parts, and their contiguous surfaces are not united by bone.

From a soldier who fell into a deep well. He lived two months after the accident, the lower extremities being paralysed. The specimen is from Chatham, and nothing further is known of the history of the case.

4. Three lower dorsal and two upper lumbar vertebræ. The tenth dorsal vertebra has been driven forwards upon the eleventh, carrying with it the anterior and upper edge of the latter. The spinal column is thus bent to an obtuse angle, and the hinder and upper edge of the body of the eleventh vertebra projects backwards

into the spinal canal, so as at one part to touch the arch of the tenth, and a space only large enough to admit a cedar pencil is left on one side for the spinal cord. The vertebræ are firmly united in this position by abundant bony callus thrown out between the arches, and a bridge of bone has been thrown over the body of the eleventh vertebra, uniting the tenth with the twelfth. Nevertheless, bony union has not taken place between the fractured surfaces of the bodies of the vertebræ.

From a man, aged 28, who lived a year after a blow on the back followed immediately by complete paralysis of the lower extremities and the lower part of the body. There was irregularity of the dorsal spines, consisting in a considerable interval between the tenth and eleventh; the latter also projected backwards. He was brought to Addenbrooke's Hospital, placed upon a water-bed, the ordinary treatment only being adopted. He so far recovered as to be able to sit up, and died, at length, of what seemed to be a slight febrile attack, occurring in an enfeebled state of body. No restoration of nervous power took place either in the body or extremities.

The spinal cord, for about half an inch opposite the fracture, was greatly compressed, firmly adherent to the dura mater, and transformed into a greyish firm glistening structure, composed of indistinct fibres, having a vertical direction. The contiguous part of the cord above and below had a dull grey colour, mottled with yellowish spots, and was tough and fibrous.

In these four specimens, and in all others which I have seen, the displacement has been in the same direction; the upper part of the column has been driven forwards upon the lower, and the spinal cord compressed between the body of the vertebra below and the arch of that above, the dislocation being almost always accompanied by fracture of the body, arch, or articulating processes of one or other of the vertebræ. It is indicated in the living subject by the prominence of one spinous process, and the unusual interval between it and the spine above which has been carried forwards. The knowledge of the direction in which the displacement usually occurs will assist us in regulating the position to be observed in cases of fractured spine, and in directing the extension and manipulations employed with the view of relieving the cord from pressure.

It is remarkable that in specimens one and three no reparation had commenced, though in one instance the patient lived three weeks, and in the other two months after the injury. In case four the union was very slow, several months elapsing before any consolidation of the parts appeared to have taken place. Even a year after the injury, though the bony callus between the arches is abundant, the fractured surfaces of the bodies were united only by fibrous structure, and scarcely any bony deposit has taken place in the cancelli bordering upon the fractured surfaces. This indisposition to the formation of new bone in the cancelli of the bodies of the vertebræ is shared with them, in a degree, by spongy bones generally, and is evidenced by the slow healing of the breaches occasioned in them by ulceration, and in the infrequency of induration, or sclerosis, of them from inflammation. In all displacements of the bodies of the vertebræ, whether they be gradual or sudden, the result of disease or of accident, the arches and

articulating processes necessarily suffer more or less, and bony anchylosis of them is not uncommon under such circumstances. It is sometimes observed in angular curvature from caries, and occasionally results from the plighter and more gradual displacement of lateral curvatures, a fact unobserved or not sufficiently regarded by the advocates of tenotomy in these cases.

The case of Anthony Callow, so successfully treated by Mr. Crowfoot, and recorded by him in the "Transactions" of the Association, is of great practical interest, as showing the advantage occasionally to be derived from the cautious employment of extension in fractures of the spine. The very slow but complete restoration of nervous power in the lower limbs which followed in that instance, is an encouragement to perseverance in the treatment of these hitherto hopeless cases. There really do not appear to be any substantial reasons against the use of mechanical means to restore parts to their proper position, in fractures of the spine attended with paralysis, although it has been so dogmatically opposed by high surgical authorities. If carefully employed it can scarcely make matters worse, inasmuch as the injury to the cord is almost invariably followed by permanent and fatal paralysis when the ordinary negative treatment only is adopted. Of course, it will be impossible to predicate in individual cases, whether benefit is likely to result from this or any other treatment, for we have no means of ascertaining the extent of lesion sustained by the cord, the paralysis of parts below the seat of injury being usually complete, although the condition of the cord is found to vary greatly; sometimes it is divided, at others it is less extensively lacerated, or more softened, or bruised. We should, therefore, give to each case the benefit of the doubt by adopting the treatment which has, in the aggregate, been found to have afforded the best chance of recovery. One cannot but be surprised that the same surgeon* should deprecate as "most highly dangerous and never to be attempted" the simple and apparently harmless proceeding of extension, and should at the same time advocate the difficult and hazardous operation of trephining the spine, which has not a single successful case to recommend it.

The direction in which the displacement of the vertebræ almost invariably occurs, suggests that some benefit may be derived from supporting on a pillow or by other means, the part of the column below the injury, and allowing that above it to fall a little backwards. It was with this view that the roll was placed under the lower part of the neck of the patient from whom specimen No. 2 was taken, and alight temporary relief was afforded by it.

I am scarcely inclined to go full lengths with Mr. Crowfoot, in his estimate of the importance of frequent abstractions of blood from the immediate neighbourhood of the injury, for the following reasons:—1st. The symptoms under which the patients succumb, are usually dependent on the effects of the original injury rather than on any subsequent inflammatory changes in the cord; and the progress of these cases to their fatal termination is more frequently marked by a gradual and general failure of the bodily powers, than by fever or other evidences of inflammatory action, indeed the latter often do not occur at all. We should therefore, as a general rule, be unwilling to adopt

* Chellus' Surgery by South.

a course of treatment which has the effect of reducing the patient's strength, with the view of preventing inflammation, 2nd. The *post-mortem* examination does not commonly reveal much serious inflammatory mischief; sometimes, indeed, as in Case 1, there appears to have been, what the symptoms would lead us to expect, rather a want of reparative force. 3rd. The movement of the patient requisite for the topical abstraction of blood is a serious objection to the practice, and the supine position proposed by Mr. Crowfoot to obviate this difficulty would, I fear, in many cases involve others not less important. These remarks are intended to apply only to the employment of blood-letting as a means of *preventing* inflammation in cases of fractured vertebræ, and have no reference to the treatment necessary, when symptoms of inflammation shall have arisen.

A CASE OF SPONTANEOUS CURE OF HYDROCELE.

By FREDERICK COX, Esq., Surgeon, Welford.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

You will oblige me by inserting the following case, if you think it worthy a place in your Journal:—

Mr. — consulted me in the autumn of last year, for an inflamed testicle, which was treated in the usual way by leeches, cold lotions, &c., and soon got better, a slight enlargement remaining. After a few weeks fluid became perceptible in the tunica vaginalis, and this went on increasing until a tolerably large hydrocele was produced. Early in February last, I removed the fluid by means of the trocar, but took no steps to effect a permanent cure. The fluid, as was to be expected, soon began again to accumulate, and in the month of April at least five or six ounces were in the sac. I saw Mr. — in the months of May and June, and each time found the water had sensibly decreased, and by the middle of July it was entirely gone; the most minute examination failed in detecting the least appearance of fluid, nor has any been effused up to this time. Beyond a slight enlargement of the testis, and a little tenderness and occasional pain of that organ, the parts are now perfectly normal.

The occupation of my patient is of a most active character, requiring his presence in London twice a week, and subjecting him to much horse-exercise every day. He is rather intemperate in his habits. I mention these circumstances because they may be thought to have played a part in causing the absorption of the hydrocele.

Now, I must state, that no *local* remedies whatever had been employed in this case with the view of dispersing the affection; but Mr. — has been taking for more than a year, the iodide of potassium, with decoction of sarsaparilla, for secondary syphilitic symptoms. Whether the exhibition of these medicines had any effect in causing the absorption of the hydrocele, is a point I leave for your readers to speculate upon, merely stating my own opinion, which is, that they were perfectly innocent of the cure. I am not aware that the iodide of potassium administered internally has any influence in causing the absorption of such serous effusions, whatever power it may have in

removing glandular enlargements and the like. I look upon the employment of the remedies, and the absorption of the fluid as a mere coincidence, and not as cause and effect. My patient took the above medicine long before the hydrocele appeared, and during its production, and for some time before the tapping, iodine was freely used externally, as well as taken internally, with a view to its dispersion, but without the least beneficial result; on the other hand, the fluid steadily increased under its use. I should rather look for the cure to have been effected by the active horse-exercise and the over indulgence in stimulants. These combined would doubtless set up a brisk action in the tunica vaginalis and testis generally, and under such a condition of the organ, the absorption might reasonably be looked for, if it might be looked for under *any* circumstances,—of course I mean no remedies being used. Sir Benjamin Brodie has mentioned two unequivocal instances of spontaneous cure of hydrocele from inflammation of the tunica vaginalis accidentally taking place, and Dr. Watson narrates a case where rapid absorption followed a fit of drunkenness.

I cannot think the above an uninteresting case or one unworthy of publication; for at a recent trial, some dozen medical men were examined, (myself among the rest,) and the question was raised, whether hydrocele ever does become spontaneously absorbed. One gentleman of considerable experience and some eminence, declared he had never met with such a case, either in his practice or his reading, and that he had communicated with many of his professional friends, of good practice, but none had ever known of such an instance. Doubtless it is a *rara avis*, but not, I think, so much so as the declaration of the gentleman above alluded to would lead one to infer. I know of one other case of spontaneous absorption in my own neighbourhood, that occurred in the practice of my friend Mr. Marshall, of Moulton. In that instance, the fluid returned after a time, it may of course do so in mine if the sac be not obliterated; but as there has been more or less tenderness, and even pain occasionally for some time, that desirable end may have been attained. However that may be, it is sufficient, in a medico-legal point of view, (in which view it is to me most interesting, from the fact above alluded to,) to be aware that the water, under some rare circumstances, does disappear *per se*, and that it may remain absent for weeks and months.

I remain, Sir,

Yours faithfully,

Welford, Oct. 22, 1846. FREDERICK COX.

ILLUSTRATIONS OF THE PRACTICE OF LINCOLNSHIRE BONE-SETTERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If you consider the following cases, illustrating the practice of Lincolnshire bone-setters, of sufficient importance, please to insert them in the Journal.

Yours truly,

Long Sutton, Oct. 23, 1846. HENRY EWEN.

CASE I.

October 22, 1836. I was requested by the Board of

Guardians of the Holbeach Union to visit Isaac Vines, aged 22, an agricultural labourer, residing in Tydd Marsh, and report his state. His left thigh-bone had been fractured by a kick from a horse nearly eleven weeks previously, and during that time he had been under the care of Mr. —, a bone-setter, residing at Wisbeach; the same thigh had been fractured during the preceding year, and union took place in five weeks, under the treatment of the same person. I found the leg and foot excessively swollen; the limb was placed upon the heel on pillows; there was no splint nor firm support under the thigh; his general health was not good; his pulse was 108; and he complained of debility.

November 10th. I was requested to take charge of the case. I found the limb placed on a double inclined plane without any padding; a roller on the leg from the foot to the knee, and the swelling lessened in consequence. The femur was fractured obliquely from within downwards and outwards a little above the middle; the upper fragment drawn outwards; the lower upwards and inwards; the thigh is shortened three inches; no union has taken place; general health better.

16th. Having obtained a mattress, and laths for the bed-stand, I placed the limb on an apparatus similar in principle to Amesbury's; the limb was easily extended to nearly its natural length; pads were so placed as to press the upper fragment inwards, and the lower outwards.

17th. The limb rests easy on the apparatus. Ordered a mutton-chop and a pint of porter daily; tonic medicine; and an occasional aperient.

19th. Is very comfortable; pulse 84; tongue clean. The straps over the thigh-splints were tightened.

January 17, 1837. The apparatus removed this day, when union of the fracture was found to have taken place. His general health very good.

In about three weeks after this date he was removed to his parish, near Oakham, in Rutlandshire. During the first few weeks after the thigh-splints were tightened he frequently experienced considerable pain at the seat of fracture; after the first month this ceased to trouble him. I was careful not to disturb the splints more than two or three times during the whole nine weeks the apparatus was applied, and then merely to relieve a slight excoriation at the upper and inner part of the thigh caused by the inner splint; and to adjust the padding so as to maintain the requisite pressure.

I saw this man a few months ago; he had walked from the vicinity of Oakham to this place, and called to express his thanks; the limb is somewhat shortened. The Board of Guardians refused to allow me any fee for the management of this case.

CASE II.

Thomas Johnson, a labourer, residing at Tydd Gote, consulted me in the autumn of 1838. About an hour before I saw him, the wheel of a drill had passed over his face and fractured his jaw just anterior to the angle on the left side. A pasteboard splint and a roller were applied in the mode recommended by Chapman in his "Atlas of Surgical Apparatus." Four days after the accident his fellow-labourers subscribed thirty shillings to enable him to place himself under the same bone-setter as in Case I.; but seeing that the

case was rather serious, the party in question declined meddling with it. Two days after the patient obtained an order from the Union, and I continued to attend him; he required a good deal of attention during the first fortnight, as an abscess formed in the cheek, but ultimately he had a good recovery.

CASE III.

January 5, 1840. I visited Mrs. Henry Smith, a middle-aged woman, the wife of a farmer, residing at Tydd Saint Giles. Five days previously she fell down some steps at Wisbeach and fractured the radius and ulna of the right arm a little above the wrist-joint. She placed herself under the care of the same bone-setter as in Case I. Splints were applied and cold lotion, and the patient reached her home the same night, a distance of nearly six miles from Wisbeach. When I saw her the finger and thumb and greater part of the hand were in a state of gangrene; the arm was much swollen, and intensely inflamed; *the hand and arm as high as the elbow were covered with turpentine dressings*; constitutional disturbance considerable. The arm was directed to be fomented with warm poppy fomentation, and linseed-meal poultices applied; saline medicine with antimony, and small doses of calomel and opium were prescribed.

6th. The arm is much easier, and the inflammation and swelling have diminished; the whole hand is gangrenous, and there is a red line of demarcation near the wrist, indicating the spot where separation of the dead parts from the living structures is about to take place. I advised amputation, but the patient refused to submit to an operation, and said "she would die with it on." I explained to her that although I considered an operation afforded her the best chance of recovery, it was very possible that separation of the dead parts might take place, and her life be preserved, but that the process would be slow, and attended with great suffering and hazard. As the patient refused all medicine, I was told that I need not repeat my visits.

Six months afterwards I saw this person pretty well recovered, and with a neat stump, the dead parts having separated by the natural processes.

CASE IV.

May 16, 1827. I assisted Mr. Cook, of Gainsborough, to amputate the thigh of Mr. Whitehouse, aged 53, a farmer, residing at Springthorpe, who had been the subject of diseased knee-joint six years. During the early part of his illness he was under the care of Mr. —, a famous bone-setter, residing at Coningsby, who treated the case as for dislocation, and greatly aggravated the sufferings of the patient by his rude manipulations. The semilunar cartilages, and the cartilages covering the condyles of the femur and head of the tibia were destroyed; the internal condyle and corresponding surface of the tibia were carious; the cartilages covering the inner surface of the patella, and that covering the corresponding articular surface of the femur were undergoing the ulcerative process. The patient had a good recovery.

**CLINICAL REPORTS OF SURGICAL CASES
UNDER THE TREATMENT OF WILLIAM
SANDS COX, ESQ., AT THE QUEEN'S HOS-
PITAL, BIRMINGHAM.**

By **PETER HINCHES BIRD**, one of the Resident
Medical Officers.

CASE I.

**COMPOUND COMMINUTED FRACTURE OF THE TIBIA
AND FIBULA.**

Edward Harris, aged 70, labourer, admitted into the Queen's Hospital, under the care of William Sands Cox, Esq., on the 12th of December, 1845, at half-past eleven o'clock, p.m. His friends stated that about two hours since he had met with an accident, the wheel of a loaded omnibus having passed over his leg.

On examination there was found a deep lacerated wound extending from the lower part of the upper third of the leg to near the inner ankle; the gastrocnemius was torn in half, and the muscles beneath lacerated; the tibia was fractured above its upper third, and was seen projecting in front of the wound; the fibula was broken in its upper and lower third and much shattered; the posterior vessels and nerve were exposed but not wounded; there is slight venous hæmorrhage from the wound, and it is stated that he lost a considerable quantity of blood at the time of the accident; he has also fracture of the third rib on the left side near its angle. He was brought to the Hospital in an open cart. The following symptoms were present:—Feeble slightly accelerated pulse; pale face; he complains of slight difficulty of breathing, and of a sharp pain in the chest over the fractured rib, but is in good spirits.

After a short consultation with Mr. Knowles, amputation was decided on, and at one o'clock a.m., amputation below the knee by the circular incision was performed. Four ligatures were placed on the bleeding vessels, and but little blood was lost. The patient bore the operation remarkably well; the edges of the wound were brought into apposition, and the stump dressed. He was then put to bed. Says he feels "comfortable;" pulse quick and feeble.

13th, 9 a.m. Slept at intervals; reports himself better; complains of cough and difficulty of breathing; no bleeding from the stump.

14th. Breathing gradually getting worse; gurgling sound in the throat; no expectoration; bowels open; pulse feeble. To have effervescing saline mixture every four hours; emplastrum opii to the chest over the fractured rib.

15th. 9 a.m. Breathing worse; pulse feeble and intermitting.

8 p.m. Breathing much worse, short and rapid, with loud gurgling sound; pulse very feeble; face congested; almost asphyxiated.

16th. Recovered a little towards morning, but afterwards relapsed, and died twenty-three minutes past two o'clock.

Post-mortem.—Brain slightly congested; fluid in the ventricles. Adhesions of old date and considerable extent on the anterior part of the thorax on the left side between the pleura costalis and pleura pulmonalis; no redness or other symptoms of inflammation beneath the fractured rib; lungs congested; the air-cells and

bronchial tubes contained a large quantity of frothy fluid; the vena cava, inferior and superior, right auricle, and ventricle, were completely full of dark blood; no valvular disease. The right kidney was larger than natural, and presented several cysts of various sizes; the largest, situated on the upper and outer part, contained about a quarter of an ounce of an albuminous fluid, supposed to be serum.

Remarks.—In this case the operation was quite requisite, although fatal in result, on account of the bones being so badly shattered, and the soft parts so extensively torn; and as it is a rule in surgery, in severe compound comminuted fractures to amputate without delay, this was accordingly done as soon as the man had recovered from the shock of the injury. Amputation was performed below the knee above the soft parts, for the most convenient stump for a labouring man is then formed. If instead of primary amputation, secondary amputation had been performed, it is extremely probable that the patient, on account of his advanced years and enfeebled constitution, would have sunk under the trying influences of active inflammation and profuse suppuration; had no amputation been performed, and had an attempt been made to save the limb, inflammation, extensive suppuration, and mortification would have been the result.

The effect of the injury and operation, combined with the patient's enfeebled constitution and advanced years, was such as to produce great prostration of the whole nervous system, more especially exemplified in the medulla oblongata, on which the vital function of the lungs depends, so that the power to remove the frothy fluid from the bronchi was lost, and asphyxia was gradually produced. The extreme dyspnoea did not arise from inflammation of the pleura, the consequence of a fractured rib, as is often the case, for no *post-mortem* appearances indicative of pleuritis were present; but it is probable that had he lived a few days longer inflammation of the pleura would have occurred.

CASE II.

**CONTRACTION OF THE FLEXOR TENDON OF THE
FINGER, WITH ANCHYLOSIS.**

Thomas Woodhall, aged 41, a miner, admitted into the Queen's Hospital, 28th December, 1845, with contraction of the flexor tendon of the middle finger; he has also ulcerated legs. He states that about five months ago a blister (caused by his work,) rose on the base of the middle finger of the right hand; a short time after he had it lanced, ever since which time contraction of the tendon has been gradually taking place.

Present state.—The three phalanges of the middle finger of the right hand are nearly drawn down to the palm of the hand; there is some induration and elevation of the tendon, extending from the base of the first of the phalanges to the middle of the palm of the hand. This elevation has gradually extended towards the wrist, with the contraction of the finger; there also appears to be contraction of the fascia between the second and third phalanges; he can move the finger forwards towards the palm of the hand, but it can neither be drawn or moved backwards, and causes him great inconvenience by preventing him following his occupation; general health good; bowels open; tongue clean.

January 22nd, 1846. Ulcers on the legs improved; finger still more contracted; health improved.

25th. Mr. Cox divided the tendon with one of Fergusson's knives, making a subcutaneous section at the base of the first phalanx, without much apparent benefit; the fascia was then divided without any improvement in the motion of the finger. With the consent of the patient amputation was performed at the articulation of the first with the second phalanx, an anterior and posterior flap being formed; the synovial membrane was scraped off; one small artery required torsion; the edges of the wound were brought together by adhesive plaster; the joint was found ankylosed completely on one side. The patient bore the operation very well.

29th. Dressings removed; the wound looks very healthy; little discharge; complains of no pain.

February 1st. Stump looks well, rapidly healing; no pain; healthy, but slight discharge.

4th. Nearly healed; bowels rather costive. To take a dose of purgative medicine.

8th. Bowels regular, quite open; wound entirely healed with the exception on one small place on its inner side.

12th. Finger quite healed; no pain in the stump.

Remarks.—In contraction of the fingers, Dupuytren asserts that the fascia itself is the chief cause; but the dissections of Dr. Goyrand and others have shewn, that the cellular tissue between the skin and palmar aponeurosis usually occasions it. At first sight the flexor tendons seem to be the cause of this distortion. In this instance, in which the contraction was extreme, it appears as if the skin, cellular tissue, fascia, and even tendons, all conduced to produce the deformity; when divided, extension was prevented by the partial ankylosis of the joint, doubtless produced by the loss of motion for a long period.

It has been asserted that miners, gardeners, carpenters, &c., whose employments cause much pressure on the palm, are more subject to this condition than others. Mr. Liston states that the most severe cases of chronic thickening and contraction of the palmar aponeurosis, occur in those who are in the frequent habit of playing on stringed instruments—fiddlers for instance. He believes the disease incurable.

Stromeyer was the first who clearly pointed out the advantages of the subcutaneous incision. If the tendon be cut, and an extensive division of the skin covering it be made, suppuration is likely to follow.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 4, 1846.

As the time is now drawing near in which it will be desirable once more to make known to Her Majesty's Government, the requirements of the members of the Medical Profession for a reform of their institutions, it will be borne in mind that other objects in addition to registration require attention. The registration is important as a preliminary measure, as at once drawing a broad, intelligible, and strongly-marked line of distinction

between the qualified medical practitioner and the unqualified pretender; but the members of the Provincial Medical and Surgical Association will not forget the principles adopted, and from the first contended for, by the Association. They will bear in mind that the Association stands pledged to a sufficient primary qualification for all who enter the medical profession, to the securing to all so qualified equal rights of practice, and to the attainment of the representative system in the Councils and governing bodies of the several institutions.

The Moral Aspects of Medical Life, consisting of the 'AKESIOS' of Professor K. F. H. Marx. Translated from the German. With Biographical Notices and Illustrative Remarks. By JAMES MACKNESS, M.D., Member of the College of Physicians, Consulting Physician to the Hastings Dispensary. London: 1846. Post 8vo., pp. 348.

The 'Akesios' of Professor Marx consists of a series of letters addressed to deceased members of the Medical Profession, and containing brief notices and allusions to certain of the leading characteristics of their earthly career. The letters are twelve in number, and are severally inscribed to Stieglitz; Petrus de Apono; George Cheyne; James Gregory; Albert Thaer; Lettsome; Tulpius; Philip Pinel; Mead; Desgenettes; and Boerhaave. Occasion is thus afforded to the author for pointing out those principles by which the physician should be governed in his individual, social, and professional relations; and consequently of illustrating many important questions of medical ethics. Dr. Mackness has amplified and extended the idea. He prefixes a short biographical notice to each letter, and appends a commentary on the sentiments expressed therein, applying the principles developed to the condition of the profession in the present time. The work as it stands, thus forms, if not a complete system of medical ethics, at least an exposition of the duties of the medical practitioner to his patients, to his professional brethren, and to the public, in many of the circumstances in which he is likely to be placed.

We extract the annexed curious scale of temperance from the letter to Dr. Cheyne, where it is inserted by Marx, with an inquiry as to the inventor of it. Dr. Lettsome appears to have been the original constructor of this scale, having derived the idea from Dr. Rush, to whom indeed it has been attributed. Our friends, the tee-totalers, will scarcely agree with the scale, at least in the fixing of the zero, but they will regard it as a step in the right direction at the time when it was made, and they may felicitate themselves in the outline of Cheyne's personal experience, given by Dr. Mackness, as approaching much more nearly to their views of temperance than the scale itself.

A MORAL AND PHYSICAL THERMOMETER;
or
A Scale of the Progress of Temperance and Intemperance.

TEMPERANCE.	
70—Water	} Health, wealth.
60—Milk and water	
50—Small Beer	
40—Cider and Perry	} Serenity of mind. Reputation, long life, And happiness.
30—Wine	
20—Porter	} Cheerfulness, Strength, and Nourishment, when taken only at meals, and in moderate quantity.
10—Strong Beer	
INTEMPERANCE.	

0	Vices.	Diseases.	Punishments.
10—Punch	Idleness	Sickness, puking, and	Debt.
20—Toddy and Crank..	Peevishness	Tremor of the hands in the morning	Black Eyes.
30—Grog, brandy and water	Quarrelling	Bloatedness	Rags.
40—Flip and Shrub . .	Fighting, lying, swearing, obscenity	Red nose and face	Hunger.
50—Bitters infused in spirits	Swindling, perjury	Sore and swelled legs	Hospital, poor-house, jail.
60—Hysteric water, gin, rum, whiskey, in the morning. . . .	Burglary.	Jaundice, dropsy, melan- choly, madness, palsy	Whipping, Botany Bay.
70—Ditto, during the day and night	Murder, suicide	Apoplexy, death	Gallows

The scale is regularly graduated after the manner of a thermometer.

Having alluded to the personal experience of Dr. Cheyne, an extract from the biographical notice of that physician may perhaps interest our readers, at the same time that it will afford some useful hints as to the dietetic management of persons similarly situated.

During the early part of his life Dr. Cheyne appears to have passed his time in close study, his habits being sedentary, and strictly temperate. At the age of thirty, on coming to London, he, on a sudden, changed his whole manner of living. “‘I found the bottle companions,”” he himself observes, as quoted by Dr. Mackness, “‘the younger gentry, and the free livers, to be the most easy of access, the more quickly susceptible of friendship and acquaintance, nothing being necessary for that purpose but to be able to eat heartily, and swallow down much liquor; and being naturally of a large size, a cheerful temper, and tolerably lively imagination, and having in my country-retirement laid in stores of ideas and facts, by these qualifications I soon became caressed by them, and grew daily in bulk and friendship. My health was in a few years brought into great distress by so sudden and violent a change.

I was excessively fat, short-breathed, lethargic, and listless.’

“After mentioning a severe attack of intermittent fever from which he suffered, he goes on to describe the malady which quite disabled him from continuing his former habits. He says, ‘I was suddenly seized with a vertiginous paroxysm, so extremely frightful and terrible as to approach nearly to a fit of apoplexy, but by degrees it turned to a constant violent headache, giddiness, anxiety, lowness, and terror, so that I went about like a malefactor condemned, or one who expected every moment to be crushed by a ponderous instrument of death hanging over his head. On this occasion all my bouncing, protesting, undertaking companions forsook me; they could not bear, it seems, to see their companion in such misery and distress, but retired to comfort themselves with a cheer-upping cup.’ After speaking of his plan of treating himself, he goes on to say, ‘Whilst I was thus, as I have said, forsaken by my holiday friends, and my body was as it were melting away like a snow-ball in summer, being dejected, melancholy, and much confined at home by my course of mineral medicines, and courting retire-

ment, I had a long season for meditation and reflection, (my faculties, being then as quick and clear as ever,) which I was the more readily led into, that I concluded myself infallibly entering into an unknown state of things. Having had a liberal and regular education, with the instruction and example of pious parents, who had first designed me for the Church, I had preserved a firm persuasion of the great and fundamental principles of all virtue and mortality, viz., the existence of a supreme and infinitely perfect Being, the freedom of the will, the immortality of the spirits of all intelligent beings, and the certainty of future rewards and punishments.'

"It would not befit this sketch of Dr. Cheyne's biography to pursue further the deeply interesting account he gives of the state of his mind, except so far as is needful in order to illustrate the points on which Professor Marx chiefly comments in his letter. Dr. Cheyne adds, 'the fright, anxiety, dread, and terror which, in minds of such a turn as mine, especially under a broken and cachectic constitution, and in so atrocious a nervous state, arise, or are at least exasperated, from such reflections, being once settled and quieted, often becomes an excellent cordial and a constant source of peace, tranquillity, and cheerfulness, and so greatly contributes to forward the cure of such nervous diseases; for I never found any sensible tranquillity or amendment till I came to this settled resolution in the main—viz. TO NEGLECT NOTHING TO SECURE MY ETERNAL PEACE, MORE THAN IF I HAD BEEN CERTIFIED I SHOULD DIE WITHIN THE DAY, NOR TO MIND ANYTHING THAT MY SECULAR OBLIGATIONS AND DUTIES DEMANDED OF ME, LESS THAN IF I HAD BEEN INSURED TO LIVE FIFTY YEARS MORE. This, though with infinite weakness and imperfection, has been much my settled resolution ever since.'

"Being still very ill, Dr. Cheyne went to Bath, and commenced living upon a diet of milk and vegetables. After continuing which for five or six months, he found himself gradually recovering.

"By this time," he says, 'I had been extremely reduced in flesh, and was become lank, fleet, and nimble.'

"He then gradually returned to a meat diet with wine, but more moderately than before; for he says, 'for nearly twenty years I continued sober, moderate and plain in my diet, and in my greatest health drank not above a quart, or three pints at most, of wine every day, (which I then absurdly thought necessary to my bulk and stowage, though certainly by far an overdose,) and that at dinner; never tasting any supper, and at breakfast nothing but green tea, without any eatable; but by this means every dinner necessarily became a surfeit and debauch, and in ten or twelve years I swelled to such an enormous size, that upon my last weighing I exceeded thirty-two stone. My breath became so short, that upon stepping into my chariot quickly, and with some effort, I was ready to faint away for want of breath, and my face turned black.'

"After painful and prolonged sufferings he again had recourse to a vegetable diet more rigorous than ever, and with like happy results, for he says—'I thank

God I have gone on one constant tenour of diet, and enjoy as good health as at my time of life, (being now 60,) I or any man can reasonably expect; my regimen at present is milk, with tea, coffee, bread and butter, mild cheese, salad, fruits and seeds of all kinds, with tender roots, (as potatoes, turnips, carrots,) in short, everything that has not life—dressed or not—as I like it. From the most extreme misery, I do now enjoy as perfect health,—as much activity and cheerfulness, with the full, free, and perfect use of my faculties, a facility of going about my studies, and the duties of my profession; and, in short, of every rational function of life, as I was ever capable in my best days, and indeed of everything worth living for as a free and rational intelligence. And therefore, with God's grace, if my health, senses, and love of virtue continue with me the same, I shall, I hope, go on in the method now described, and live and I hope die in continual gratitude to the best of Beings who, by an over-ruling Providence, and as it were by casual hints as far beyond the reach of my penetration, has irresistibly, as I should almost say if I felt not my own liberty, directed the great steps of my life and health hitherto.'

"*Misericordias Domini in æternum cantato.*"

"Dr. Cheyne continued to practice with much success in Bath, and died in 1743, aged 72."

The length of this extract precludes us from farther remark, but we cordially recommend the work itself as replete with interest and instruction.

THE PUBLICATIONS OF THE ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

By a notice which has appeared in the recent numbers of the *Provincial Medical and Surgical Journal*, I find that those members of the Association who may have any suggestions to make for the improvement of the publications of the Association, are requested to communicate with Mr. Bree, the Secretary of the Committee appointed at Norwich to consider the subject. I hope the Committee will not suppose that I am treating them with disrespect in not complying with their request. I beg to assure them that is not the case, but that I am perfectly satisfied with the selection made, and of the competency and ability of those gentlemen that compose the Committee to report on this very important subject. I have the fullest confidence in them. It is not because I have any fear that any suggestions of mine would be Burked, or that my ideas would not have due consideration given them, that I send these remarks to you; but it is, that I think it is the best mode of making each member of the Committee acquainted with the sentiments of the members of the Association; and I think if others, who have suggestions to offer, would condense them as much as possible, and forward them to you for publication, the gentlemen, when they assemble for deliberation, will be very much better prepared to report on the subject that has been submitted to them for their consideration, than they would be if (when they met,) they had to peruse a host of letters full of suggestions.

I believe this Committee has been appointed in consequence of the resolutions agreed to relating to the publications of the Association at the Annual Meeting of the Bath and Bristol Branch, in June last. I there moved an amendment, which was seconded by Mr. Godfrey, but on a division it was lost. I regretted that such a sweeping string of resolutions intended to produce such changes in the affairs of the Association should have been brought forward without some previous notice having been given to the members, for it was impossible to give them that consideration their importance demanded in the short time allowed for discussion at the Annual Meeting of this Branch.

I am fully persuaded that the giving up of the weekly Journal, or publishing it fortnightly, will very seriously affect the stability of the Association. I believe there is only one other Branch of the Association that has urged it, or passed any specific resolution on the subject. I am free to confess that the *Provincial Medical and Surgical Journal* has not arrived at that standard among the medical periodicals that we had a right to expect, and why it has not, I suppose will be part of the duties of the Committee to find out. My opinion is that we, the members, must take a very large share of the blame to ourselves, for at its commencement I believe it was understood, if not guaranteed, that each member of the Association would assist and contribute to its support; and it was very natural to suppose that a Journal, published almost exclusively for the use and benefit of an Association consisting of upwards of eighteen hundred members, and among whom there are some of the most learned and scientific men of the day, and the most eminent medical and surgical practitioners in the world, would have succeeded, and stood high in the estimation of its readers. That a periodical thus supported should be deficient in interesting matter, possessing as it does among its supporters such a source of medical literature, as well as men having so many opportunities of seeing, and the ability to communicate so much practical information, should have symptoms of atrophy or consumption, must, I should think, excite surprise and regret in the minds of all the members of the Association, and will, I trust, rouse them from their torpid state to exercise their skill to avert the fatal consequences, and whoever may have remedial measures to recommend, will, I hope, without delay, communicate them to the Committee.

I have no doubt as to the result of their deliberations, and that those who now abuse and treat the Journal with indifference, will be urged to employ their powerful influence in its support. I can easily imagine that some of those learned members of the Association, whose expansive minds are never at rest, unless they are soaring among the Heavenly bodies, endeavouring to ascertain what influence they may have over the human frame; or being absorbed in their pursuit of pathology, attempting to discover the causes of the various evils that flesh is heir to, and consuming their midnight oil in studying the science of physiology, investigating the medicinal properties of the vegetable and mineral kingdom, in arresting their progress,—after being employed in such exalted pursuits, they would consider it derogatory for them to write an article for, or send a communication to, such a publication as the *Provincial Medical and Surgical*

Journal. But true greatness consists in great minds doing little things, and an article occasionally from the pen of one of these distinguished members of the Association would, I have no doubt, be very interesting and edifying to the readers, and, I am quite sure, would improve and enhance the value of the *Provincial Medical and Surgical Journal*, and tend to increase its circulation.

A great portion of the readers of the Journal reside in country towns, and in districts where they see no other medical publication; and if those who have the time and the ability to contribute knew how much one of their rich fragments would revive the jaded and dejected spirits, and enlighten the minds of their brethren thus situated, who, if they had time, have no disposition (after beating about the country all day,) for heavy reading. They therefore look forward with pleasure every week for their *Provincial Medical and Surgical Journal*, in which they expect to see what is moving in the medical world; and I am quite satisfied that it is this little weekly refresher that has very much to do with keeping the Association together. This weekly recognizance is all they know of their being members of the Provincial Medical and Surgical Association; for from distance, &c., they are shut out from our quarterly meetings, and very few can afford to attend the annual ones. I therefore sincerely hope that no act of the Committee will deprive them of this gratification, and that the Journal will be continued as usual; and if a sacrifice is to be made, however much to be regretted, it must be the "Transactions."

This would cause a great saving in the annual expenses, and the loss of it would not be so much felt by the members, as most of the matter which it generally contains had been previously published in the Journal; and an occasional enlargement of the Journal would, I expect, contain all the information the members of the Association may supply.

That so large a sum as nearly a thousand pounds should be expended annually in printing and publishing so small a publication as the *Provincial Medical and Surgical Journal* does very naturally excite surprise in the minds of the members, particularly as we have not to pay for original matter or reporting. I believe the Provincial Medical and Surgical Association is the only society that regularly supplies its members with a weekly journal, the price of which is included in the annual subscription. This is a boon we ought to appreciate, and should induce us to do every thing in our power to support and raise its character; and in doing this we shall improve its value in a pecuniary point of view. The resources for supporting and keeping alive a work of this kind are to be found plenty enough in the provinces. It is a fact that most of the original articles, and a very large portion of the practical information contained in the leading medical publications, is supplied by the members of the profession in the country; very few of the metropolitan general practitioners ever publish their cases, or attempt to enlighten their brethren with their discourses.

It has been suggested that the Journal should be published fortnightly; this, I fear, would not answer, the saving would be only the stamps; for, if we had it alternate weeks, we should expect more matter, and all the officers and printers must still be retained.

Should you, Sir, consider that these remarks are at

all calculated to induce the members of the Association to aid and assist the Committee by their suggestions, you will oblige me by giving it a corner in an early number of the Journal.

I am, Sir,

Yours, &c.,

GEORGE KING.

Bath, October 20, 1846.

MEDICAL ETHICS.—No. I.

"'Tis not in the stars, but in ourselves, that we are underlings."

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Although not one of the medical profession, I am so closely connected with it by near relation to several distinguished practitioners of that most noble science, as to feel so completely identified with its members, that it may be truly said of me hereafter—

"Their welfare pleased him, but their cares distrest."

Amongst the numerous periodicals published, I am a constant reader of the *Provincial Journal*, and had my attention drawn to a recent communication from one of your correspondents on the subject of the "Failure of Success," which many practitioners complain of. This not being a *strictly medical* question, I thought it might not be altogether amiss for a *clergyman*, as an *amicus curiæ*, to hazard a few thoughts upon it, which I here send to be placed in your journal, if you deem them worthy of your notice.

There can be no doubt but that there is much truth in the remarks of your correspondent, that zeal, industry, and talent, often fail of their just reward, and that the pretender too frequently contrives by dazzling the eyes of the public by the brilliancy of his equipage, and the splendour of his entertainments, to carry off the prize from a more deserving competitor; but I believe, in the long run, professional skill, combined with integrity and honour, surely obtains its reward; and that, on the other hand, where a man is possessed of a respectable amount of talent, yet is wanting in those cardinal virtues, though successful for a season, is in the end forced to mourn his departure from a gentlemanly and honourable course, and to witness in bitterness of spirit the failure of his unworthy contrivances.

A striking illustration of this proposition was exemplified in the case of a physician I knew some years since; whether living at this time I do not know.

John Alum commenced his medical career as a druggist, and after a time started as a general practitioner in the north of England. Not liking the laborious engagements of a country practice, and being of an ambitious turn of mind, he determined on becoming an M.D., a matter of no great difficulty in that day. Whether he graduated or obtained his diploma by some easier means I never heard. My first introduction to him was as Dr. Alum, the successor of Dr. Swift, in one of our fashionable watering places.

No man could have embarked under more favourable auspices than Dr. Alum. He had, indeed, the cards in his own hand; he was a man of pleasing manners, of considerable medical intelligence, with an abundance of small talk for the ladies. Supported by the friends

of a popular and esteemed predecessor, treated with unlimited confidence by the general practitioners into whose good opinion he contrived to ingratiate himself, he was sailing on the full tide of success, and through a considerable extent of country Dr. Alum was all in all.

In an unfortunate hour he yielded to the insinuations of his evil genius, and determined to make his fortune by a *coup de main*. Despising the "*festina lente*" of prudence, he adopted as his motto "*Navibus atque quadrigis*."

First, he connected himself with a druggist, from whom he was to receive a per centage on the amount of medicine prescribed; appointed two days in the week for gratuitous (?) patients; but if one came wearing a coat or gown rather better than a pauper's, a charge of seven shillings a visit was exacted, and a load of medicine ordered, upon which he had secured a profit. Hence all his patients were instructed to carry their prescriptions to Mr. Lucas, from whom alone he affirmed they could get genuine medicines. He only could read the *formule*; they were written in cypher.

The Doctor's grand object was to oust the surgeon who had called him in, and get the patient under his sole management. This he effected by being at the patient's house some minutes before the appointed time of meeting, and by his "*visits of courtesy*" in the absence of the surgeon, on which occasions gentle hints and regrets were thrown out that the medicines were not *exactly* what he had prescribed,—that surgeons often took the liberty of changing medicines, to the disappointment of the physician and the injury of the patient,—that it would be a safer way to send the prescriptions to a druggist, (none so good and faithful as Lucas,) who would not dare to make any alteration in them; it would also be cheaper, for thereby the expense occasioned by the attendance of a surgeon would be avoided. The bait was too often swallowed, and Alum succeeded in securing the patient to himself. If this failed, he has been known to prescribe calomel three times a day, and when salivation has come on, to vent in no measured terms his indignation at the want of fidelity in the preparation of his medicines. For a time these schemes succeeded. He rode rough-shod over the men who had supported him, glorying in secret at their destruction. But the day of retribution was at hand.

The dismissal of the general practitioners threw families completely into the hands of Dr. Alum. First he duped, then plundered them for their folly. His visits were unceasing,—the tax in the shape of fees so oppressive, that the people began to be more wary; it became a proverb, "If you once let Alum into your house you'll never get rid of him." Hence it was common for them to say, desire him not to repeat his call, unless specially sent for. Occasionally he used, with much apparent generosity, to decline a fee, but afterwards to send in an exorbitant bill! From one gentleman, for a little illness affecting one of his children, he extorted £50. He was called to a farmer's family which had been invaded by typhus; he persisted in attending, although expressly desired not to continue his visits, and afterwards sent in a bill for £80, of which he never got one farthing, but was minus his chaise-hire. In the same way he made a hip-joint case furnish his side-board at the expense of a silversmith!

These misdoings, together with his dishonourable conduct towards his professional brethren, were the subjects of general remark. The general practitioners refused to meet him, family after family forsook him, till he became as much the object of universal contempt as he had formerly been of respect and admiration. He was forced to leave the town, but before doing so, put a tempting advertisement into the papers, which induced a Dr. Attic to treat, and ultimately pay £500, for the purchase of a business not worth as many farthings. I had no acquaintance with Dr. Attic, but he has been known to complain of having been infamously taken in, and to curse the hour he ever heard the name of Alum.

In a future paper I may furnish you with the history of Alum's contrast, and prove the truth of my proposition, that no qualities of the head, taken alone, will bear a moment's comparison with those of an honest and upright heart.

Apologizing for my sermonette,

I remain, Mr. Editor,

Your obedient servant and well-wisher,

A SEXAGENARIAN M.A.

Canterbury, October 24, 1846.

QUEEN'S COLLEGE, BIRMINGHAM.

ANNUAL DISTRIBUTION OF PRIZES.

The annual distribution of prizes to the students of this collegiate institution took place in the theatre of the college, on Thursday, October 22nd, the Right Hon. Lord Lyttleton, Principal, in the chair. The Rev. the Vice-Principal, the Dean of Faculty, the Senior Classical Tutor, and a number of the professors and friends of the institution were present.

The Right Hon. Principal having taken the chair, said that it gave him much pleasure again to meet them on such an interesting occasion. It would be remembered that last year, at their first meeting, when he had also the honour of presiding, he had detailed at some length the principles upon which the institution was based, its objects and its prospects; it was therefore not his intention to detain them at any length, but merely make a few remarks on what had been done since the meeting referred to, and what was the present state and prospects of the institution. At that meeting he stated fully the principles which had been adopted by the Council of the College; those principles had been adhered to. One important improvement had been made, in the addition of a junior department in the College. He had been unable during the past year to give to the affairs of the institution all the attention he desired; but he rejoiced to say that his place had been more than supplied by the Vice-Principal, the Rev. Chancellor Law, who had brought to the discharge of his important duties an amount of assiduity, kindness, and attention, which deserved the thanks of all friends of the institution. It was perhaps known to them that the late Warden had for various reasons resigned his office, and during the interval which must necessarily elapse before the appointment of another, it was necessary that some superintendence should be maintained. Under these circumstances, Mr. Law kindly consented to discharge the important duty; and the attention paid by that

gentleman, and his munificent liberality, richly entitled him to their warmest thanks. He was glad to assure them that the prospects of the institution were such as to encourage all its friends to unshaken perseverance. The only alteration in the officers that had been made was the appointment of Mr. Richards to the office of Senior Tutor, to whom was intrusted the same duties as those discharged by the Sub-Warden. A mathematical Tutor had been appointed, and a resident medical Tutor also; and he had, moreover, the gratification of assuring them, that their munificent visitor, Dr. Warneford, notwithstanding his advanced age, was in the enjoyment of good health and undiminished activity, and still took the most lively interest in all that concerned the prosperity of the College. The noble Principal then briefly referred to the junior department, and stated that the Council had arranged with the Rev. Mr. Wellsted to receive into his own house those juniors who might be intrusted to the care of the Council. These arrangements had, however, not yet been completed, but they trusted soon to have the plan in operation. His lordship then offered a word of advice to the successful competitors for the prizes it became his pleasing duty to present.

Mr. G. B. Knowles having read the list of prizes, the following were presented by Lord Lyttleton:—

Anatomy—(First medal)—Mr. C. W. Izod, Fladbury, Worcestershire.

Materia Medica—(First medal)—Mr. Samuel Hughes, Dudley. (Second medal)—Mr. George Peat Dunn.

Chemistry—(First medal)—Mr. Thomas Whittall, Leamington. (Second medal)—Mr. R. Thomason, Shiffnal.

Medicine—(First medal)—Mr. A. H. Paterson, Stourbridge.

Surgery—(First medal)—Mr. P. H. Bird, London.

Midwifery—(First medal)—Mr. G. B. Masfen, Stafford.

Botany—(First medal)—Mr. Samuel Hughes, Dudley.

Forensic Medicine—(First medal)—Mr. A. H. Paterson.

Certificates from Demonstrators—Mr. C. W. Izod; Mr. Nason, Nuneaton; Mr. Hodges, Ludlow.

The Rev. J. C. Miller, incumbent of St. Martin's, on rising to present the Warneford gold medals, remarked that he felt great pleasure in introducing Mr. Oliver Pemberton, of Birmingham, the successful candidate for the first gold medal, and Mr. J. B. Masfen, of Stafford, for the second gold medal. The prize subject for 1846 was the *Anatomy and Physiology of the Larynx*, and the instruction of the donor in reference to this prize was—"The interest of £1,000, to be applied for the institution of two prizes, either in equal or unequal amount, as may seem to the trustees most likely to advance the great ends in view, which are to combine religious with scientific studies and pursuits; to make medical and surgical students good Christians, as well as able practitioners in medicine and surgery. The compositions written for these prizes to be of a religious as well as scientific nature; the subject to be taken out of any branch of anatomical, physiological or pathological science, and to be handled in a practical or professional manner, and according to those evidences of facts and phenomena which anatomy, physiology, and pathology so abundantly supply, but always and especially with a view to exemplify and set forth, by instance and example, the wisdom, power, and goodness of God, as revealed and

declared in Holy Writ." He had acceded with pleasure to the request that he should present these prizes, because he considered that all men should unite in the attempt to Christianise education; and he having been lately appointed to an important ecclesiastical office in Birmingham, was desirous of lending his aid to all deserving, and especially to all Christian institutions.

He had heard it said in London that to be a medical student was to be a dissipated young man. There was also a charge of a still graver nature made against medical students. It was said sometimes that the researches they were called upon to make into the structure and organization of the human frame led to materialism and infidelity. It would be a most mournful conclusion indeed if they were to turn the wonderful works of the Creator against the Creator himself, and derive from those researches which show that man is fearfully and wonderfully made, conclusions in opposition to his revealed word. In quoting the exclamation of the Psalmist, that they were "fearfully and wonderfully made;" they should recollect that these words were preceded with "I will praise thee, for I am fearfully and wonderfully made." He hoped most sincerely that the researches that would be made in that college would lead to beneficial results. He trusted that the future exertions of the young men to whom it was his pleasing duty to present the prizes, would tend to the glory of God and the comfort and happiness of their fellow men. It had pleased God to visit mankind with sorrow and affliction, and though they might not possess the miraculous power of the angel whose presence communicated the healing principle to the waters, yet, if to a knowledge of the profession they added a desire to promote the interests of religion and morality, they would, in their passage through life, glorify God and enhance the temporal and eternal welfare of their fellowmen.

The following prizes were also presented:—

The Jephson Prize, 20 guineas.—Mr. James V. Hughes, Nanusk Rectory, Flintshire.

Clinical Medicine, 5 guineas.—Mr. Jas. V. Hughes.

Clinical Surgery, 5 guineas.—Mr. Peter H. Bird.

The Rev. Chancellor Law then presented an extra prize of £20 to Mr. G. B. Masfen, he having gained four prizes.

Dr. Smith's gold medal, for proficiency in the French language was presented to Mr. J. V. Hughes.

The Rev. Chancellor Law having taken the chair, Richard Spooner, Esq., moved a vote of thanks to Lord Lyttelton, and complimented him on the attention he had paid to the affairs of the College.

To the students of the present session, both resident and non-resident, the Rev. Chancellor Law has offered the sum of £100, to be divided amongst the prize-men generally—£5 to such as gain one medal, £15 to such as gain two medals, and so in proportion as far as the before-mentioned sum will extend. Mr. Chancellor Law has also presented to the College the magnificent paintings which now adorn the College. He has also made a second addition to the library of upwards of 600 volumes, including principally the standard works of English literature. His donations of books now amount to more than 1,300 volumes.

MANCHESTER MEDICAL SOCIETY

The following gentlemen have been elected office-bearers of the Society for the ensuing session:—

President—Dr. J. L. Bardsley.

Vice-Presidents—Dr. Black, Mr. Noble, Mr. Hunt, Dr. Radford.

Councillors—Messrs. Crompton, Dorrington, Brownbill, Ker, Franklin, Middleton, Southam, Bent, Golland, Goodman, W. Smith, Dr. Lambert.

Treasurer—Dr. Ashton.

Hon. Librarian—Mr. Stone.

Hon. Secretaries—Drs. Renaud and Reid.

OBITUARY.

Died, October 16th, at Woburn Square, aged 68, William Bexill, Esq., M.D., formerly of the Island of Barbadoes.

Lately, in France, M. Payen, Surgeon-in-Chief of the Port of Toulon.

In Paris, M. August Berard, Professor of Clinical Surgery in the Faculty of Medicine, Paris.

BOOKS RECEIVED.

The Microscopic Anatomy of the Human Body in Health and in Disease. By Arthur Hill Hassall, F.L.S., M.R.C.S.E., &c., &c. Part III. London: Highley. 1846. 8vo. Plates.

On the Pathology and Treatment of Scrofula; being the Fothergillian Prize Essay, for 1846. By Robert Mortimer Glover, M.D., &c., Lecturer on Materia Medica in the Newcastle Medical School. London: Churchill. 1846. 8vo. pp. 315. Plates.

Guy's Hospital Reports. Second Series. Vol. IV. London: Highley. 1846. 8vo. pp. 498. Plates.

Report of a Trial for Murder by Poisoning with Oil of Vitriol, with Remarks. By Alfred S. Taylor, F.R.S., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. London: 1846. 8vo. pp. 50.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, are requested to forward them, either to the Treasurer of the Association, Dr. Hastings, or to the Secretary.

ROBERT J. N. STREETEN,
Secretary.

TO CORRESPONDENTS.

Communications have been received from Mr. Bartrum; Mr. Markwick; Mr. G. F. Wilks; Mr. Crowfoot; Veritas.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

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"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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Dublin: Hodges and Smith, 104, Grafton Street. London: Longman and Co., and Simpkin and Marshall. Edinburgh: Sutherland and Knox. Glasgow: David Chambers.

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- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

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WEDNESDAY, NOVEMBER 4, 1846,

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY

ROBERT J. N. STREETEN, M.D.

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NEWSPAPER

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster Hospital.

LECTURE II.

Case of uric acid diathesis, continued. Retrospect of symptoms and treatment; sudden change in the component parts of the urine; triple phosphate, with globular aggregations of mucous character of the evening and morning urine, urina cibi, urina sanguinis.—Case of diarrhoea, succeeded by a remarkable diuresis.—Case of hæmoptysis: record of the case; treatment and ratio medendi; predisposing causes and pathological conditions of hæmoptysis; tubercular disorganization; heart-disease; pulmonary congestion; reasons for referring the case to the latter cause, &c., &c.

At our last meeting, gentlemen, I had selected the case of D. S., in St. Margaret's ward, as a good illustration of the advantages afforded by the microscope, to determine by some special characters of the urine certain pathological conditions of the body generally—conditions which without this aid as a ready interpreter of the chemical constitution of this fluid, it would be difficult to arrive at, and oftentimes impossible satisfactorily to distinguish. On that occasion you saw present in the urine that variety of uric acid, the rhombic or lozenge-shaped crystal, which is oftentimes attended with peculiar irritation of the kidneys, ureters, and even bladder. I gave my reasons then for stating that this was one of those cases of mal-assimilation in which the uric-acid predisposition existed, and was of that class which, if not favourable to the formation of calculous deposits, was palpably developing those aggregations of minute crystals which are a direct source of irritation and distress.

Since that period this case has presented some marked features of particular interest, tending especially to illustrate the changes the urine passes through in these cases of disordered assimilative organs. These cases exemplify the necessity of conducting the treatment on well-defined general principles, and the advantage of adhering steadily to them, notwithstanding the appearance of anomalous symptoms, and opposed at first aspect to the original diagnosis of the disease. You recollect that on the 10th October she was purged with five grains of the chloride of mercury: the evacuations were dark and offensive; there was severe lumbar pain, which had only been relieved slightly by the purging and warm bath; the stomach was also irritable, and there was inclination to retch. She was then

ordered mercurials, with ipecacuanha and conium; the two former as alteratives, the latter if possible to allay the pain and irritation. Effervescing draughts, with carbonate of potash also, to quiet the stomach, and neutralize the excess of uric acid. Animal food withdrawn; fish diet. So effectually did this control the uric-acid tendency, that in the course of thirty hours the urine had become more plentiful; no scalding on micturition; slightly acid; specific gravity 1.010; and the uric acid crystals had been replaced by the beautiful prisms of the triple phosphate. The previous mercurial treatment, together with the carbonate of potash, had doubtless controlled the tendency to the formation and deposit of uric acid, and a fish diet may, in some degree, have favoured the presence of the phosphate. This totally-opposite condition of the urine, occurring in so short a space of time after we had witnessed the presence of the uric acid crystals, might seem to you to contradict the original diagnosis; but in reality it confirms it, for it is in these cases of imperfect assimilative function that this remarkable tendency to extremes in the character of the urine exists. Accompanying these crystals of the triple phosphate, you saw numerous mucus-globules and epithelial scales; but the mucus-globules, instead of being free and separate from each other, were collected into clustered masses, in appearance arranged like grapes in a bunch. As they rolled pass the field you had an opportunity of determining that these were really aggregations of globules, and not plates or lamellæ. The prisms of the triple phosphate were abundantly dispersed among these globular aggregations; the number of detached individual globules was very small. The patient had a hot bath every night, and during immersion, and while the skin acted freely, she stated that she was free from pain. By a repetition of baths nightly the skin has been excited to free sudoresis, and during the night there has been free and profuse perspiration. These secretions from the skin have the peculiar acescent odour usual in rheumatism.

On October 15th, as the bowels acted well, the mercurials were withdrawn, and Pulv. Ipecac. Co., gr. v.; Potassæ Nitr., gr. v.; given every four hours. The object of this change was to maintain a constant tendency to sudoresis, for as the skin had exhibited a tendency to throw off abundance of lactic acid, it was deemed desirable to stimulate by diaphoretics this emunctuary; at the same time attention to the kidneys was not neglected, the nitre assisting to maintain the balance of this function. The urine was now carefully examined twice daily, to ascertain what differences existed between the evening and morning urine, it

being necessary to determine whether the *urina cibi* differed (and in what,) from the *urina sanguinis*.

The following were the characters of the urine passed on the evening of the 16th October, and morning of the 17th:—

Evening urine. Slightly acid; specific gravity 1.020; a cloudy flocculent deposit occupying about one sixth of the lower part of the glass. This deposit consisted of the clustered aggregations of mucus-globules above described, but there was no trace of crystalline matter.

Morning urine. Orange colour; acid reaction; specific gravity 1.022; no crystals could be detected, but the same flocculent deposit of *botryoidal* masses of mucus.

That of the 17th and 18th presented similar microscopic characters, but the specific gravity of the evening was 1.028; that of the morning 1.008. The lumbar pain on this day was much mitigated, the bowels acting regularly. Tongue clean, and the skin occasionally (especially at night,) acting freely.

Morning urine of the 19th:—Specific gravity 1.004; faintly acid; of pale straw colour; scarcely perceptible mucous cloud. Evening of same day:—Specific gravity 1.020; orange yellow; acid re-action, with some flocculent deposit, but no crystals. On this day the bowels had again become torpid; skin not acting so freely; complained of a stabbing pain in the region of the left kidney. Hydr. Chloridi, gr. v., statim. Haust. purgans. The powders to be continued every six hours.

The bowels were freely moved, evacuations dark-coloured and offensive.

On the 21st felt much better; bowels still inclined to be torpid. To repeat the saline purgative occasionally.

October 21st. Morning urine. Acid re-action; straw-coloured; specific gravity 1.012; *botryoidal* masses or clusters of mucus-globules totally disappeared; in the place of them numerous epithelial scales are present—debris of scales; no crystalline deposit. Evening. Specific gravity 1.022; dark orange colour; acid reaction; cloudy from presence of amorphous urate of ammonia, (pinkish variety;) on dissolving this by heat, many detached mucus-globules with epithelial scales become evident. It will be seen by these characters of the urine, that those portions of it derived after the principal meal of the day—viz., that voided between two o'clock, p.m., and six or seven in the evening, exhibited the characters of an imperfectly performed digestion, while that formed during sleep, and resulting more particularly from the elements of the blood and the tissues, assumed a more healthy character. The presence during so many days of these aggregated globules of mucus, and their disappearance corresponding with a mitigation of the lumbar distress, afford unquestionable evidence that they were the result of irritation: their being now replaced by epithelial scales and membranous debris, may be accepted as indications that the cause of that irritation is subsiding. The re-appearance of the urate of ammonia in such excess, as to render the urine, which was not deficient in quantity, quite cloudy and opaque, and bearing in mind that this was the evening urine, (the *urina cibi*), no doubt can be entertained that the assimilative organs have been from the first the cause of all these symptoms, and that they are not yet performing their functions efficiently.

Much caution will be necessary to regulate the

patient's diet and regimen, for in such cases the slightest error or departure from rules of prudence and regularity recall all the symptoms, with their accompanying distress.

I hope this as well as other cases to which I have previously directed your attention, will prove the advantage and importance of studying the urine both chemically and microscopically. The use of the latter becomes valuable as economising time, as in many cases a momentary glance at a drop of urine will, in the case of crystalline deposits, reveal for the most part, qualitatively, the chemical constitution of that portion of urine. A minute and oftentimes tedious chemical investigation is saved, while we quickly and with certainty detect the presence of the ordinary components of the urine when they are in excess, or take the crystalline form, and as readily determine the presence of any matters that are foreign to its composition. It is my intention as opportunities offer, to make you familiar with all the forms of urinary deposits, and at each of our meetings, samples of urine containing material for observation, will be placed on the table for your investigation.

While on the subject of the urine, and the modification of its quantity and constitution, I wish to call your attention to the case of a man in Burdett ward, who had suffered for some weeks previous to admission into the Hospital, from severe and distressing diarrhoea, in whom, after the cessation of the above discharge, copious and profuse diuresis succeeded.

G. S., aged 68, was admitted Oct. 1st. For twelve or fourteen days past has suffered from constant griping pain, tormina and tenesmus, with passage of blood, and copious watery evacuations; the purging was most distressing, twenty to thirty times daily, sometimes every quarter of an hour. On admission there was considerable debility; abdomen distended; tongue white and furred; pulse 66, sluggish and feeble. He was ordered hot baths, and Hydr. cum Creta, gr. v.; Pulv. Ipecac. Co., gr. v.; ter die. Mist. Creta Comp. cum Opio, oz. j., post singulas dejectiones. Milk and arrow-root diet. During the three following days the diarrhoea gradually ceased. On October 5th, the bowels acted only twice in the twenty-four hours. On the 6th and 7th the alvine discharges were again fluid, but not to amount to any distress. On the 9th the diarrhoea had entirely ceased, but on this day he passed eight pints of urine, slightly acid, perfectly clear, of a straw colour, and containing nothing unusual in its composition. The specific gravities of four observations were 1.010 as a mean. During the following seven days this diuresis continued, passing from six to eight pints daily. He has, notwithstanding, progressively recovered strength, and is now convalescent, but still passing more than the average quantity of urine in the twenty-four hours.

I have called your attention to this case in consequence of a question put to me in the ward,—whether this might not be a case of diabetes, and I mention the case to show you why it is not, for there are none of the pathognomic symptoms of that disease present. The specific gravity of the urine is not that of diabetic urine, which is, except in diabetes insipidus, always high, but leaving out the composition of the urine, the ordinary symptoms of diabetes were not present. There is not the insatiable

thirst, the ravenous appetite, the dry, shrunken, almost shrivelled aspect; nor is there the harsh skin and total absence of perspiratory secretion, invariably noticed in that disease. But the previous history of the case is the key to the apparently anomalous quantity of urine secreted, and illustrates the capability of one function to take up and continue a particular excretion, when another shall have ceased to act. For more than three weeks this patient had suffered from constant diarrhoea, large quantities of fluid being excreted from the bowels. During this period the urine was scanty, high-coloured, even sedimentitious, not from the presence of any unusual ingredients, but simply from a deficiency of aqueous fluid. This diarrhoea—the morbid discharge from the bowels—ceases, and the kidneys are now required to become again the channel for the excretion of the superabundant aqueous portion of the system. During the prevalence of the diarrhoea the patient suffered much from thirst, and since the cessation of it he has continued he says, more from habit than necessity, to drink largely both of cold water and tea; this may therefore, in a great degree, tend to keep up the supply to the kidneys of fluid matters, which without this pabulum to act on would probably now furnish but the ordinary average quantity of urine.

There are two cases of hæmoptysis at present in Burdett ward, and to the severer of these I wish to direct your particular attention. The hæmorrhage has in this case been more than usually urgent, and less under the control of remedies than is common in these affections. The man is 38 years of age, a farrier, tall, well made, apparently of robust frame, of fair complexion, limbs muscular and firm, rounded from the tendency to deposit subcutaneous fat, was admitted October 14th, and when visited in the ward, blood was being freely expectorated from the mouth, and portions from the nose. The blood was frothy and fluid, with occasional portions of stringy mucus. The effort attending the hæmorrhage could not be called a cough; it appeared as if it were a repetition of gulps, or short inspiratory efforts succeeded by a mouthful of blood. A large membranous mass, having at first sight the appearance of a nasal polypus, was drawn from the nose by the patient. On minutely examining the mass, it was observed to be muco-glutinous, and filled with air bubbles. No trace of fibrin could be detected in it. The patient states that while at work at the forge, and in the act of stooping, some blood came into his mouth; there was no previous sensation to warn him of anything unusual; no pain in the chest, nor antecedent symptoms of any kind. The hæmorrhage increasing, he came at once to the Hospital. For the last three weeks has suffered from severe diarrhoea, which he has neglected, but which had spontaneously ceased the day before. He states most positively that for years past he has never suffered from cough or pain in, or expectoration from, the chest. His health has been regular and good till he was attacked by the bowel complaint. There is no appearance of emaciation. The pharynx, velum, and tonsils, are perfectly healthy in appearance, and there is no look of congestion about the lining of the anterior nares. He has never experienced any diminution of the power of smell or taste, nor ever felt any obstruction to his breathing in the nasal passages. The chest is well

formed; no depression under the clavicles; it is uniformly expansive on inspiration; no deficiency of resonance in any region; nor can any rhonchus or morbid sound be detected anywhere. Heart's action perfectly rhythmical; no bruit; pulse 108, jerking, and of a hæmorrhagic character. *Venæsectio e brachio ad, oz. x. Mist. Plumbi Acetatis, oz. j., quartis horis.* Tendency to syncope came on before six ounces were drawn, and the vein was closed. Pulse fell to 96, and was softer, less jerking.

On the 15th there had been no hæmorrhage for the last eighteen hours; bowels torpid; face exsanguinous; pulse 96. The clot drawn yesterday was exceedingly dense and firm, and cupped and buffed to a remarkable extent. *Hydr. Chloridi, gr. iij.; Pulv. Scammon. Co., gr. x., statim. Haust purgans cras mane. Cont. Mist. Plumbi.*

On the 16th there was no return of hæmorrhage; the bowels had been well relieved; the tongue was pallid but clean; skin cool; pulse had fallen to 84. He complained of a sense of soreness about the chest, and there had been, during the night and morning, a short, hacking, irritative cough, with a trifling expectoration of a glutinous mucus, streaked with blood. The chest remained quiet till the afternoon of the 17th, when a profuse hæmorrhage again occurred, without any premonitory symptom, nearly ten pints of a frothy fluid of bright arterial character being ejected by the mouth. The pulse during the hæmorrhage was 104, sharp and jerking. The vein was again opened, but tendency to syncope appeared before four ounces were drawn. To continue the *Mistura Plumbi. Liqueur. Opii sedativi, dr. ss., ex aqua, sextis horis.* To swallow in water, or allow solid ice to melt in the mouth; hot applications to the lower extremities.

During the night of the 17th and the morning of the 18th, hæmoptysis again occurred. The pulse at the daily visit had fallen to 90, was very soft and compressible; the face was very pallid, and the lips nearly blanched. The blood taken from the arm yesterday again exhibited a remarkable excess of fibrine. During and immediately after the last attack, the chest was again minutely examined, and only while the hæmoptysis continued could any irregular sound be detected. On this occasion, in the mammary region of the right side a deep-seated bubbling or gurgling sound was detected, which could also be faintly heard posteriorly between the scapulæ. This sound had totally subsided on the next day, and after an interval of some eight hours from the last attack. For the next two days, the patient remained free from hæmorrhage; pallid, prostrate, and exhausted, from the large amount of blood lost. A brisk purgative was administered to relieve the bowels, which the mixture of opium necessarily influenced.

On the 21st hæmorrhage again occurred. At about 8 a.m. he expectorated nearly a pint of the same frothy arterial blood. A more decided rhonchus was this day detected in the right side. No other physical signs were observed. Pulse small and contracted; face and lips very pallid; eyes glassy; pupils contracted; tongue dry. These symptoms were referred to the influence of the opium. A large blister was directed to cover the anterior surface of the chest, and a strong purging draught directed to be given. The object of the blister was to obtain a revulsive action

on the surface of the chest, by which a certain amount of blood might be diverted to the inflammatory condition excited by the cantharides, and the strong purgative to act with a similar intent upon the intestinal mucous surface; for, during the action of these saline and resinous purges, a large amount of blood must be drawn to the mucous membrane to supply the secretion which is so copiously excited. By thus withdrawing from the pulmonary circulation, and engaging a certain volume of blood in opposite directions, and remote from the organ, the seat of the hæmorrhage, and thus diminishing the quantity of blood circulating in the lungs, the tendency to further loss of blood from this source might be arrested.

At the visit this day, October 23rd, you heard read from the ward book that no hæmorrhage has occurred since the 21st. The patient is very low; face pallid; pulse soft, but has lost the hæmorrhagic character; bowels continue to act freely; the blister rose well, and it will be advisable to keep open the vesicated surface by the savine ointment.

On the 25th no recurrence of hæmorrhage during the last forty-eight hours. The patient is tranquil, but low. Cautious administration of dietetic stimuli ordered; jelly, beef-tea, milk, and arrowroot.

I now wish to direct your attention to the causes and pathological conditions upon which this form of hæmorrhage more immediately depends. Hæmoptysis may arise from one of several causes. The breaking down of a tubercular deposit, and the laceration of one of the pulmonary arterial vessels passing through or into this deposit. It may depend upon disease of the heart; hypertrophy of the right ventricle, the impulse of blood by the ventricular systole being more forcible than the capillary structure can resist. It has arisen from a condition of the parenchyma of the lung, known as pulmonary apoplexy; a clot is formed analogous to that observed in cerebral apoplexy; the walls by which the clot was retained become ruptured, and fluid arterial blood is profusely poured into the bronchial tubes: and, lastly, hæmorrhage from the lungs may result from simple congestion of these organs, brought on by some circumstance which interrupts the balance of the circulation; a state of pulmonary plethora exists, which is relieved in those of the hæmorrhagic diathesis by a copious secretion of blood from the bronchial mucous surface.

Now, each of these causes of hæmoptysis is attended by certain collateral conditions, which, in the majority of cases, enable us satisfactorily to assign with some degree of certainty the latent cause of the hæmorrhage. Thus in the hæmoptysis which accompanies, or is dependent on, tubercular disorganization, the chest when examined by the stethoscope develops more or less dulness under the clavicles; or, if a large cavity has already formed, a greater resonance than usual; there is absence of the vesicular respiratory murmur; either pectoriloquy or bronchophony in parts where no echo of the voice in the tube should be detected; and in addition to these physical signs of tubercular deposit, the characteristic evidences of the phthisical condition are perhaps added. I may pass by the evidences of pulmonary apoplexy, as it is a rare affection, merely reminding you that for the most part it is a concomitant of hypertrophy of the right ventricle. If the hæmoptysis be dependent on disease of the heart, a careful examina-

tion of this organ by auscultation will develop an increase of impulse, a want of rhythm in the sounds, a prolongation of the systolic over the diastolic, or perhaps evidence of some valvular obstruction. If neither the lungs nor the heart present symptoms of disease, or of any conditions calculated of themselves to bring on hæmoptysis, we must then look to the system at large for some circumstance which, interrupting or disturbing the equilibrium of the circulation, has tended to throw upon the lungs a larger volume of blood than natural, and thus induced plethora or congestion of these organs. Now, there are many conditions in which the system may be placed by disease, by accident, by posture, in which, independent of any morbid state of the lungs themselves, these organs have a larger volume of blood directed to them than the pulmonary function can maintain; plethora results, and where the hæmorrhagic diathesis prevails, hæmoptysis follows. The sudden cessation of some accustomed discharge may be cited as a not infrequent cause of pulmonary congestion. In women, in whom no trace of pulmonary disorganization existed, hæmoptysis has occurred, and that periodically till the uterine function had again become regular. It has been noticed at that particular period of a woman's constitution called the critical, when the menstrual function is about to cease. A woman in St. Margaret's ward, during this last summer, suffered from hæmoptysis, which could be traced to no other cause. The sudden cessation of an hæmorrhoidal flux has been followed by hæmoptysis. Such are, for the most part, the predisposing causes to this form of hæmorrhage.

Now let us review the history and previous condition of this patient, and ascertain if possible, to which of these causes we are to attribute his hæmoptysis. His chest is well formed; it rises fully and equably on inspiration; there is no dulness nor deficiency of respiratory murmur in any region; nor any irregular re-echo of the voice. He has never been subject to cough, or pain of the chest; nor ever expectorated. The blood brought up, does not come up in *gushes*; it is not clear and fluid, but frothy. It is not likely therefore, that the attack is caused by tubercular disorganization. The heart's sounds are natural, equable and rhythmical; impulse not increased; he has never suffered from palpitation in any form. This hæmorrhage therefore cannot be referred to disease of the heart. Now examine the blood as it comes from the patient's mouth,—it is highly frothed, so much so as to present a similarity of appearance to blood that is being whipped for the separation of the fibrin. This hæmorrhage does not cease suddenly, but for several hours after the full force of an attack has subsided, glutinous portions of mucus are expectorated, frothy and streaked with blood. The pulse throughout has presented the true hæmorrhagic character. No physical signs can be detected except that during or immediately after an attack of hæmorrhage, a deep-seated, distant, and obscure bubbling is heard in the mammary region of the right side, over which spot dulness was on one occasion, during the expulsion of blood, detected. Note down an incident or two of his past history:—For three weeks previous to this hæmoptysis, he had been suffering from severe and neglected diarrhœa. This diarrhœa had ceased on the day the hæmorrhage occurred. The blood

came into his mouth while in the act of stooping, his head being bent downward, and his body in the position of a farrier engaged in preparing a horse's hoof for shoeing. Here are two conditions directly predisposing to pulmonary congestion,—a sudden and spontaneously checked diarrhoea, and a posture eminently favourable to accumulation of blood in the lungs. However, these conditions are not in themselves sufficient to bring on so severe an attack of hæmoptysis; there must have existed previously the hæmorrhagic diathesis,—a proneness and disposition to congestive plethora in those organs, which being acted upon by the above named concomitant circumstances directly manifested the hæmoptotic attack. A retardation of blood in the pulmonary capillaries, a condition of active hyperæmia of the bronchial mucous membrane, and pouring forth of blood from the ramifications of the bronchi, were the successive series of morbid phenomena antecedent to and immediately causing this disease. Whether the hæmorrhagic predisposition in this case depends on a *tendency* to tubercular deposition; whether, as some of the French pathologists affirm, this hæmoptysis is to be taken as evidence of a series of inflammatory symptoms acting as the essential cause of phthisis, or not; no attack of hæmorrhage from the lungs, except in cases palpably the result of vicarious menstruation, can be viewed otherwise than as expressive of some serious alteration in the integrity of the pulmonary tissues, and tending sooner or later to develop disease more or less fatal to the sufferer.

In conclusion I may remark that it is interesting to witness the varied effects succeeding to conditions of the intestinal canal apparently identical. Here are two individuals both of whom have previously suffered from severe diarrhoea. In the one it yields to remedial measures; in the other it stops spontaneously. In the former, remarkable diuresis follows, in the latter a frightful, almost death-striking hæmorrhage from the lungs. The coincidence of two such cases is remarkable and presents us ample material for thought and reflection.

OBSERVATIONS ON THE OXALIC DIATHESIS, AND THE INFLUENCE OF THE RHUBARB PLANT IN ITS PRODUCTION.

By JOHN S. BARTRUM, Esq., Surgeon, Bath.

Having for some years been in the habit of paying attention to the general and chemical conditions of the urine, it was with much pleasure that I perused the paper of Mr. Wilson, inserted in No. 35 of the *Provincial Journal*, (September 2, 1846,) especially from having, on several occasions within these two or three last years, noted in my own person, the effects on the urine of the rhubarb stalk and other articles of diet. The portion of urine passed after rising in the morning was always examined by the microscope without heat, as the shortest and not fallacious mode.

Being apparently in the most perfect health, excepting rather overworked, and as far as unlike a patient suffering from oxaluria as possible, at first I could scarcely believe myself to have passed oxalate crystals, till confirmed in my supposition by Dr. William Budd, who immediately remarked that I must have been eating rhubarb, which, however, had not been recently

the case. This induced further and oft repeated examinations, the general results of which I can only now give, having not long since destroyed the daily records, considering them as not worth keeping.

While passing the smaller oxalates, and then partaking freely of rhubarb, the first effect was generally to increase the size and quantity of oxalates thrown down, with the occasional addition of some of the reniform bodies; the diet being continued, the crystals of all shapes increased in size, especially the latter, till on two occasions they almost solely were passed. However, after a day or two, the oxalates diminished, and then disappeared, although rhubarb was still partaken of; this may probably be explained by having regarded the appearance of the oxalates, as a sure warning that I must give myself more relaxation. The results have been similar on two or three occasions, when from continuous exertions I have expected their presence and found them; but I have never been able to induce their appearance by the freest use of rhubarb, except in the very fine cuboid forms, for a day or so, unless they were previously present.

If Mr. Wilson continue his inquiries, I think he will find, that any article of diet, adding to the irritability of the kidneys and bladder, will induce an additional secretion of the oxalates; for I always found, that partaking freely of water-cresses added materially to the quantity of oxalates, provided I were already passing them, from the irritation of the bladder, caused by the abundant secretion of free lithic acid. Whether the elimination of oxalates, as well as of lithic acid, was due to the water-cresses, or the common salt accompanying them,* I cannot say. That must be left for future investigation.

It will be found almost universally, that cases characterised chiefly by deposits of oxalates are combined with an asthenic condition of the assimilating organs; some of them corresponding closely with those caused by the excretion of an abnormal amount of urea, the urine then being dense and loaded with lithates, while others, from the excessive excretion give rise to a suspicion of diabetes mellitus, so much so, that of the many specimens sent me for examination, where a large quantity of urine is voided, the greater proportion are of low specific gravity, with some few small oxalates, and often swarms of vibriones. These latter cases, however, are essentially cases of want of nervous power without any specific ailment, sometimes passing phosphates, sometimes oxalates, according to the varying condition of the system, which always displays a very reduced vitality.

In this, as in all other diseases of the urinary organs, where chemistry is called into our aid, there is great danger of their being treated as though the body were a mere laboratory, wherein we could modify these secretions at our will, overlooking the essential cause of the ailment; but, however useful and necessary such examinations may be, it behoves the practitioner carefully to eschew being implicitly guided by them; as some cases of this disease are treated successfully by alkalies, others by acids; some by a restricted, others by a generous diet; for though medicinal remedies are most useful, and in the majority of cases requisite, they will be of little avail, if not well supported by carefully-applied general and dietetic measures.

* *Vide Provincial Journal*, page 415.

I think that the size of the crystals of oxalates passed will often afford a good indication of the extent of the oxalic diathesis. If the crystals, especially the reniform, be large, distinct, much inclined to become clustered,* or to crystallize on the hairs, &c., much oxalate of lime is passing. As the case improves, the crystals lessen in size and numbers till at length they become undistinguishable, except to the educated eye. Though it is unusual, the reniform bodies may continue to the last, when, in some positions, they may become in appearance almost like a blood-corpuscle; in the majority of cases these crystals are not to be found.

It has been suggested (by whom originally I cannot learn,) that these reniform bodies are not oxalate of lime, but lithic acid, modified in shape by the presence of oxalic acid. This can scarcely be, for I have, with several different specimens, macerated the whole deposit in liquor potassæ, to get rid of any free lithic acid; then, in diluted acetic or muriatic acid, whereby the phosphates and lithates are separated; yet both the cuboid and reniform crystals have remained quite unaltered. I have not succeeded in throwing down crystals of oxalate of lime, when a deposit of free lithic acid and oxalates was dissolved in sulphuric acid, and the former separated by the addition of water, perhaps from sufficient care not having been taken in the matter.

Should it be desired to separate any deposit of these salts for examination, it is most easily effected by decanting the upper layers of fluid, adding distilled water to the remainder, with or without potass, or acetic acid. The oxalates soon fall to the bottom, and may be readily collected on a watch-glass, without heat or any other process that could modify its composition after leaving the body. By careful manipulation you may obtain and weigh all the crystallized salt in a given specimen. To those not conversant with the salt naturally deposited, yet desirous to examine it, one of the best modes of learning all its usual shapes and sizes is to add a dilute solution of oxalic acid to fresh healthy urine, when after some hours the characteristic crystals will be found in abundance.

I do not know whether this city more abounds with cases of this disease than most others, but among its labouring population, of the class next above the poor, such as policemen, schoolmasters, carpenters, &c., (some hundreds of whom come wholly under my observation,) dyspepsia, of an atonic character, and marked by the pallid, depressed, emaciated countenance, with more or less hypochondriasis, pain of the side, (often of great intensity,) or of the back, and the passage of oxalate crystals, is most rife, though in most cases readily amenable to judicious treatment. From my own observation this form of dyspepsia does not seem so common among the women of this class as among the men, even in those, wherein from their appearance and symptoms I had fully expected to find it. Of the presence of the oxalates in the more acute or in cutaneous diseases, I can say nothing, not having examined them for that purpose.

* The larger crystals when clustered are truly small mulberry calculi.

Bath, Oct. 26, 1846.

ON THE USE OF COD-LIVER OIL IN TUBERCULAR DISEASE.

By DAVID EVERETT, Esq., Surgeon, Worcester.

Having perused a letter from Dr. Toogood in the *Journal*, upon the efficacy of cod-liver oil in phthisis, I am induced to make a few observations corroborating his testimony, especially as the kind of oil I have employed is less offensive than that generally used.

There are several varieties; that which is estimated the best is of an orange tinge, but it is very objectionable to the palate. I have procured a pale straw-coloured oil, which is but slightly offensive, either as regards taste, or odour; and I have seldom found it difficult to persuade patients to use it, and as rarely known any important inconvenience result from its administration. Having found it very successful, though I do not undertake to say it is so efficacious as the darker and more offensive oil, I do not hesitate to recommend it to those who, though desirous to try the medicine, may be deterred from doing so by the general prejudice against it.

The conditions under which the oil seems most likely to prove serviceable are where emaciation exists, and the nutritive functions are languidly performed, always in the absence of febrile symptoms. These are the circumstances under which I have prescribed it. The general results I have witnessed have been increased animal heat and bulk of the body; the removal of erratic pains, and the imparting of vigour to the system. Nor is the appetite often diminished during its use; and even when the patient is taking three fluid-ounces per diem, an amount of nourishment, which, if added to the ordinary quantity of food consumed, must of itself, in many cases, prove beneficial. It does not purge, and if it induce bilious symptoms, it will of course be necessary to suspend it until these have been removed.

Iodide of potassium and some other remedies appear to act with unwonted efficacy during the administration of the oil, or if given whilst it has been temporarily laid aside, but as all I aim at is to add my testimony to that of others who have successfully employed it, I shall content myself by subjoining two cases, in which the benefit derived from it was very decided, and refer parties seeking further information to the pamphlet published by Dr. Hughes Bennett, of Edinburgh, in which is to be found its history, *modus operandi*, and an enumeration of the various diseased conditions of the body in which it has been useful.

A. B., aged 29, at the time I saw him, early in January last, was remarkably thin and debilitated, having suffered since the previous summer from cough, palpitation of the heart, and repeated attacks of hæmoptysis. He had then severe cough attended with muco-purulent expectoration and inability to expand the chest, which was exceedingly contracted. The right side, on the upper portion of the thorax, emitted a very dull sound upon percussion. The left much clearer. On the left side the respiratory murmur, though feeble, was more distinct than on the right, where it was replaced by the bronchial. A grating murmur was evident at the first sound of the heart at its base, and a loud saw-sound at its apex; pulse about 100 per minute. He had night sweats and the usual concomitants of debility and tubercular disease.

I was of opinion that extensive tubercular disease of the lungs existed in addition to the affection of the heart. I soon commenced treating him with the oil, and with few intermissions he has continued it up to the present date. During this period he has generally required some soothing medicine for the cough, occasionally quinine, and of late steel; but I am persuaded whatever benefit he may have derived from these, they have been only auxiliaries to the oil. He has only upon one occasion during this treatment had hæmoptysis, and then but to slight extent; the cough has almost left him. A gradual improvement in most of the symptoms has been going on up to the present time, the cardiac excepted.

There is still dulness over the upper portion of the thorax, though this condition is very much improved, but his general health is marvellously altered. He has gained flesh, and his strength is so much augmented, that he can walk several miles without inconvenience. The diseased condition appears not merely to be arrested, but in process of removal.

It will be readily granted that this case admitted little hope beyond very temporary mitigation, and that the improvement I have indicated exceeds that which experience entitles us to expect in such cases under ordinary treatment; and although I freely allow that this case is not an instance of a cure, the effect produced may encourage a sanguine expectation, that in the early stage of disease, and especially if unattended with serious complications, this agent will be employed, as indeed it has been, with entirely satisfactory results.

C. D., aged 30, of spare habit, suffered from a series of ulcers, attacking various parts of the body, very difficult to heal, and soon succeeded by others. Finding the employment of alteratives, tonics, change of air, and residence at the sea-side, fail permanently to check the tendency, I prescribed the oil, which he commenced taking in very small doses, (a drachm and a half,) increasing gradually up to an ounce, three times daily, for more than two months. During the period of its employment, the appetite remained nearly as before; he gained flesh; the general strength increased; the power of resisting cold became strikingly augmented; the ulcers healed; and the patient, who had been detained from business nearly twelve months, has since May last remained well, and actively engaged. I have no hesitation in ascribing his improved condition to the oil.

I am afraid I have trespassed too far upon your space to add more, but from my experience in these cases, and in very many others, I think I may, with tolerable certainty, predict that the cod-liver oil will hereafter be generally recognized as a remedy of no ordinary utility.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHES BIRD, one of the Resident Medical Officers.

CASE III.

SCROFULOUS DISEASE OF THE ELBOW-JOINT

Hannah Ball, aged 32, housewife, of strumous diathesis, married, admitted into the Queen's Hospital,

under the care of W. S. Cox, Esq., January 2nd, 1846, with enlargement and ankylosis of the elbow-joint. She states that about two years ago, she first perceived a swelling on the elbow of the right arm, accompanied by heat and pain described as jumping; it gradually got worse so that the use of the joint was lost; there has been loss of motion in the joint for eight months; is not aware that she ever received a blow on the part; she states that she always enjoyed good health previously; her parents are both alive and enjoy excellent health; she has four children who are reported healthy; is not aware that she ever had swelling of the sub-maxillary glands; has never been subject to cough, nor to perspirations at night; she has, however, had slight night sweats, since she has been in the Hospital; these she ascribes to dread of an operation.

Present State—The elbow of the right arm is considerably enlarged, and presents on the integument, which is smooth and indurated, three largish indolent ulcers, with fungous edges; the skin surrounding them has a bluish tinge. These ulcers discharge a moderate quantity of thin pus, in which are seen floating small flakes of lymph; the ulcers communicate with the joint; there are also some smaller superficial ones, from which a thin matter may be pressed; the muscles above and below the joint appear atrophied; there is some degree of elasticity to be felt over the joint in various places; the pain is described as dull, aching, not constant, extending down to the hand, which at times feels numbed; now and then the fingers go black and the fore-arm swells; no increase of pain when the bones forming the articulation are pressed together; the pain is not increased in intensity towards night; the pain is worse when the arm has been long kept in one position; the integument covering the joint does not pit on pressure, shines, and is of a livid tint. The arm is fixed at a right angle; no motion in the joint, but can be slightly moved by applying force; bowels open, tongue clean; pulse feeble, 80; appetite capricious.

To have ordinary diet and take the following medicine:—R. Quinæ Disulph, gr. xij.; Acid. Sulph. dil, dr. j.; Aquæ, ad oz. viij. M. Sumat unciam ter die. To have the ulcers poulticed with linseed meal twice a day.

January 17th. Appetite and strength improving under the medicines. Wishes to go into the country for a short time.

25th. Re-admitted into the Hospital; her health is improved by the change of air.

February 3rd. Feels better; ulcers smaller but discharge more; no swelling or numbness of the hand; pain and stiffness of the joint decreased; feels much stronger. Continue the medicines; to have the joint strapped with soap-plaster spread on leather, and poultice applied over the ulcers as usual.

12th. The joint feels much more comfortable; the ulcers discharge a good deal of thin matter; no increase of motion in the joint.

14th. Complained of extremely acute pain in the joint so that the strapping was removed, which gave her some relief; the ulcers continue to discharge a great deal of thin matter, still flaky; more swelling and pain in the hand; feels poorly.

17th. Rather better; still much discharge; less pain in the joint; complains of supra-orbital pain, which makes her feel ill. Continue the bark-medicine. To

go into the country previous to the removal of the arm.

March 11th. Returned but little improved; her arm pains her at times severely, but the pain is not increased at night; wishes very much to have it removed.

20th. Much about the same; feels stronger.

April 1st. The arm was removed this morning at its middle third, the artery being compressed by Mr. Parker. An anterior and posterior flap were formed; the bone was very slender and brittle, and required only two slight touches of the saw to sever it. Six arteries required ligatures; but little blood was lost. She bore the operation very well; pulse quick and feeble. In an hour after the edges of the wound were brought into apposition with strips of adhesive plaster, covered with simple dressing. Complaints of tingling pain in the fingers of the amputated arm.

Examination of the Joint.—The integument was much thickened and indurated; there were several openings which, when pressed, discharged a thin flaky pus; four of these openings communicated with the joint, and the rest with each other; the muscles were pale and flabby, and the triceps near its insertion was transformed into a jelly-like mass; portions of this jelly-like substance were found in some of the other muscles, and one was placed under the ulna nerve. Between the olecranon process of the ulna and the humerus were two abscesses, connected with the joint; the interior of the joint was filled with a considerable quantity of thin pus; the synovial membrane was converted into a pulpy-like mass, of a yellowish brown colour, about a quarter of an inch thick; the heads of the bones were in many places denuded of their cartilage, and even of their periosteum; in other places the cartilages were thinned and loose; no vestige of the lateral ligaments remained; the orbicular ligament of the radius was loose and thinned. The periosteum was easily detached from the heads and shafts of the bones; the bones were very vascular, and on the humerus there was a slight ossific deposit on the lines leading to the condyles; a similar deposit was observed on the heads of the radius and ulna; the heads of the bones were not enlarged but appeared so from the great thinness of the shafts; the cortical portion was extremely thin and brittle. On sawing the bones through vertically, the interior was found soft, and the cancelli filled with a yellowish cheesy matter; the interior of the shafts was extremely vascular.

April 2nd. Feels more comfortable; slept last night pretty soundly at intervals; pain much less; feels thirsty; tongue rather coated; pulse quick, feeble; no hemorrhage from the stump.

R. Morph. Acet., gr. $\frac{1}{2}$; Conf. Ross., q. s. ut fiat pil. hora somni sumenda. Haustus effervescens cum Pot. Bicarb. et Suc. Limon. quartis horis.

3rd. Stump dressed; looks healthy; slept soundly last night; not so thirsty.

4th. Much better; sleeps well; in little pain; pulse 90, feeble.

8th. Better in every respect; sleeps well; appetite improving; pulse stronger; stump looks healthy, and discharges freely.

13th. Rapidly improving; appetite good; sleeps soundly; the stump is looking healthy, and is healing

quickly; one of the ligatures came away; got up to-day for the first time since the operation.

23rd. All the ligatures have come away with the exception of one; the granulations look healthy; has walked out in the hospital garden; pulse stronger; appetite excellent; has no cough.

May 3rd. The remaining ligature came away a few days ago; her health is very much improved. Discharged cured.

Remarks.—The preceding is a highly interesting case of strumous disease of the elbow-joint, commencing primarily in the synovial membrane by chronic inflammation set up in that part, and afterwards attacking the ends of the bones, the synovial membrane becoming converted into a thick, pulpy substance of a brownish colour; the disease in course of time involving the other parts composing the joint, producing wasting of the ligaments, abscesses bursting externally, and absorption and ulceration of the cartilages, although this latter complication was not elicited by symptoms, as there was no nocturnal exacerbation of pain, nor any increase of pain when the bones forming the articulations were moved on each other. This corroborates the statement, that when ulceration of the cartilages occurs in this disease, the pain is not so severe as when it takes place as a primary disease. The elbow-joint is more rarely attacked than the knee, and cases of this kind differ from other diseases of the joints (pulpy disorganization of the synovial membrane for instance,) in more frequently attacking adult persons. It is stated* that few persons who have attained the age of 25, without having had the least symptom of scrofula, ever experience after this period of life, a first attack of a white swelling of the strumous kind; but this patient never had, according to her own statement, any symptom of scrofula previously to this attack. The thinness and brittleness of the cortical part of the bone, the deposit of the yellow caseous substance into its cancelli, and the incipient deposit of ossific matter on the outside, essentially mark scrofulous disease in the bones; the above-mentioned thinness and brittleness of the cortical portion of the bone, is a consequence of deficient nutrition, it becomes atrophied like other parts of the body from want of use.

It frequently happens that after the removal of external scrofulous swellings and on the healing up of strumous ulcers, the scrofulous disease is transferred to the lungs, and the patient eventually dies of phthisis pulmonalis, but it is very much to be hoped that this will not occur. Much constitutional disturbance was necessarily produced by the local irritation, so that the patient's health was becoming gradually impaired, and as the motion of the joint was lost, and the arm therefore useless, it was deemed necessary to remove it by amputation, which proved eminently successful, the patient's health being perfectly restored.

* Cooper's Surgical Dict., p. 860.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 11, 1846.

From the Quarterly Table of Mortality recently published by the Registrar General, it appears that a very large increase in the number of deaths took place during the summer quarter of the present year. The actual number registered in the one hundred and fifteen districts, comprehended within these returns, during the quarter ending September 30th, amounts to 51,235, which exceeds the deaths of the corresponding quarter of last year by 15,227, and is 9655 above the calculated number!

Of the nine years from 1838 to 1846 inclusive, the deaths during the summer quarter were, in four, above the calculated number, in five, below it. The healthy seasons were 1838, 1841, 1843, 1844, 1845; the unhealthy seasons 1839, 1840, 1842, and the present year, but the excess in the number of deaths was, previously to the present year, at the highest, (in 1840,) not more than 1868.

It is a subject of deep interest to ascertain the causes of this alarming increase in the mortality during so fine a season as that of the present year. The report states, that in the mild winter quarter ending March 31st, the deaths were nearly 5000 below the average; that in the spring quarter ending June 30th, the mortality was slightly above the average; and that intestinal complaints then arose, and becoming epidemic, proved the principal causes of the immense loss of life recorded. Thus, in London, in which the excess of deaths over the corresponding quarter of last year amounted to 1567, nearly five-sixths (1303,) were from diarrhoea, cholera, and dysentery. Young children were the chief sufferers, but the epidemic also proved fatal to many old people.

The mortality seems chiefly to have fallen on the larger towns, while generally the country and southern districts suffered comparatively little. It is well observed in the return—"The high mortality of towns has been traced to crowded lodgings—dirty dwellings—personal uncleanness—the concentration of unhealthy emanations from narrow streets, without fresh air, water, or sewers. The rapidity of decomposition, and the facility with which all kinds of animal matter become tainted, and run into putrefaction, enable us to understand how, in a summer like the past, in which the temperature was unusually high, the diseases referable to an impure atmosphere should be so prevalent and fatal."

The influence of the causes here alluded to is now established beyond all question by private researches and Government investigations, and confirmed by able and comprehensive official reports, founded upon extensive data, carefully collated and arranged.

We do trust, therefore, that the necessary legislative measures to carry into effect the recommendations of the "Health of Towns' Committee" will be no longer delayed, and that the next Session of Parliament will evince that the consideration of the public health is not to be postponed to every idle question to which party politics may give rise.

Records of Harvey: in Extracts from the Journals of the Royal Hospital of St. Bartholomew. With Notes, by JAMES PAGET, Warden of the Collegiate Establishment, and Lecturer on Physiology, in the Hospital. London. 1846. 8vo. pp. 43.

This is a curious pamphlet and worthy of attention, both on account of the eminent individual to which it refers, and as affording an insight into the mode of management formerly pursued in public hospitals, and into various particulars connected with the practice of medicine and surgery.

The text consists simply of extracts from the journals of the Hospital, and comprises "literal copies" of all that is recorded therein concerning Harvey. The notes are added by way of illustration, and contain much curious information on the domestic economy of the house, the arrangements respecting the medical officers, remuneration for services performed, &c.

Some particulars relating to the ancient practices of certain travelling doctors were communicated at the last Anniversary Meeting of the Provincial Association. Those which it may be gleaned from the notes furnished by Mr. Paget, were in force in a Royal Metropolitan Hospital, are no less extraordinary. The estimate placed on the services of the regular surgeons about a century earlier is very considerably less. Thus, there are the following entries of "*Money paid to the Surgeons due at Michellmas, Ano. 1547:*"—

"Item gyven in rewarde to Richard Westall for his paynes taking among the poore	xxs.
"Item paide unto George Vaughan surgeon for hys quarter wagies, due at Michellmas Ano. 1547.	xxxs.
"Item, paid to Thomas Baylie for his paynes taken to dresse the poore the space of vi. weeks	xxs.

And in the account for 1547-8, Mr. William Garter, one of the Surgeons, received only £5 for "a holle yerres wages."

At the same time (1547) there is an entry "paide to Martyn, surgeon," not one of the regular surgeons of the Hospital," for cutting of a boye of the stone. xs.

A lithotomist seems to have been employed occasionally, as required, and a bone-setter was also employed, and John Isard, or Izard, was specially appointed to this office, (in 1596,) at a salary of £8 a year.

The best paid official, however, belonging to the medical staff of the hospital, was Frances Holcombe,

a poor widow, who in 1621 received the appointment of Curer of Scald Heads.

"It is granted that Frauncia Holcombe shall have for the cure of every one of the poore of a scald headd comitted to her charge by the Govenors of this howse twenty shillings soe that shee perfectly cure the ptye."

In consideration of her poverty, five pounds was lent her in advance, for the repayment of which ten shillings was to be deducted for each case of cure, until the debt was discharged. Mrs. Holcombe, however, seems to have had plenty of employment, and if the conditions of her engagement were strictly complied with, to have been very successful, for we find her receiving—

	£.	s.
In 1623	27	0
1624	34	5
1625	40	0

"At this time," says Mr. Paget, "I think the excellence of her prospects must have delivered her from her widowhood; for there is no appearance of a new appointment, but hereafter the name is not Frances Holcombe, but Frances Worth; and one Ellis Worth," and Frances, his wife, now appear as holding a lease of certain property near the hospital. Her income steadily increased, and she received—

In 1635	£125
1636	99
1638	102

That is, in the same year in which the apothecary's whole bill was only £123 11s. 10d.; and this goes on, thus—

In 1639	£119
1640	85
1642	126

At length, (whether the disease or the remedy were exhausted does not appear, but) the office grows less and less profitable; and in 1697, it ceases to be mentioned, and scald heads are no longer an item in the treasurer's discharge account."

PATHOLOGICAL SOCIETY OF LONDON.

The first meeting of this new Society was held on Tuesday, October 20th, Dr. C. J. B. Williams, President, in the chair.

The President in his address stated the chief objects of the Society to be:—

1. The exhibition and description of morbid specimens, recent, preserved, or represented by drawings or models, not excepting even those that are common, provided they are sufficiently well marked to be fit for demonstration.
2. The critical examination of unusual specimens sent to the Society for reference. A sub-committee has already been appointed for this purpose, of some members of the council much experienced in morbid anatomy, and who will report to the Society on any specimens transmitted to them.
3. The classification and simultaneous exhibition of series of specimens, with the view to illustrate the progress or varieties of diseased structures.
4. The comparison of like preparations from dif-

ferent museums, with the view to discover discrepancies, and to establish uniformity of arrangement and nomenclature.

5. To direct the attention of morbid anatomists to particular subjects of interest, and to promote pathological researches by systematic observations and experiments.

6. Objects of exhibition illustrative of pathology in the living body, whether cases of disease, or microscopic appearances of matters derived from them, will fall within the province of the Society.

STRICTURE OF THE OESOPHAGUS.

A specimen of stricture of the oesophagus was exhibited by Mr. Liston. The stricture existed at the upper part of the tube, was about an inch in length, and capable only of allowing the passage of a goose-quill. It had existed for a number of years, and there was observed considerable hypertrophy of the constrictors of the pharynx, particularly the inferior. The upper cornua of the thyroid cartilage were so approximated as to leave but a space of five-eighths of an inch between them, being a diminution of about an inch in the length of their normal interval. The patient, who had been under the care of Cruikshank and John Hunter, lived to between seventy and eighty.

FRACTURE OF THE NECK OF THE FEMUR.

Dr. Peacock introduced to the meeting sections and drawings of the head and neck of the left femur, from a patient who had been supposed to have sustained a fracture of the neck of that bone. The capsular ligament was much thickened; the margin of the acetabulum thicker than usual, but the cavity natural, and the round ligament entire. The head and great trochanter were on the same plane, the neck of the bone being much shortened behind. The head was directed more posteriorly than usual. Several firm fibrous bands extended towards the circumference of the head of the bone, and these covered, in part, a large, irregular, bony projection, encircling the neck, and most conspicuous in front. The bony structure was atrophied, and the cancelli filled with oily matter. Portions of diseased bone extended at each side of the neck into the substance of the head, from the points where the irregular bony projection was situated externally, and between these the structure was more dense than elsewhere. A distinct band was traceable between the dense columns of bone at their extremities. The patient, when seventy-nine, fell from the top of a stair on his left hip. Eleven months after he could get about with the aid of crutches; the foot, however, was slightly everted; the limb an inch shorter than the other. The age of the patient at death was not known.

Dr. Peacock remarked that he had much doubt as to whether the changes in the structure of the bone were to be looked upon as the result of fracture or disease. The examination of different specimens in the museums of London had failed to convince him.

Mr. Liston had no hesitation in regarding the specimen in question as one of interstitial disease so frequently consequent on injuries of the hip unattended with fracture.

POST-PHARYNGEAL ABSCESS.

Dr. Peacock also exhibited a preparation of a peculiar form of post-pharyngeal abscess. The abscess, which was the size of a small egg-

was seen situated between the bodies of the upper cervical vertebrae and the back of the pharynx, not causing, however, much projection of the latter, from its being flattened in front. In connection with the anterior surface of the sac, there sprang a small cyst, forming a nipple-like prolongation into the pharynx, and completely closing the orifice of the glottis. It admitted the point of the little finger, and was freely moveable, and perfectly translucent at its extremity and sides. The preparation was from a female infant, seven months old. The child had occasionally suffered from dyspnoea for three weeks, the symptoms having been very urgent for the last three days of its life. In the intervals of the dyspnoea, the respiration was natural; but the slightest exposure to cold, motion, or excitement, brought on a recurrence of the symptoms, which were attended in inspiration by a peculiar croupy sound. There was no other disease observed after death, with the exception of much mucus in the bronchi, and slight lobular condensation in the lungs.

Dr. Peacock said that another child, of the same age, and of the same parents, had been brought to him suffering with symptoms similar in every respect; and that having directed the appropriate treatment on the second day of the attack, the progress of the disease was arrested.

RUPTURE OF THE HEART FROM MUSCULAR EXERTION.

Dr. Richard Quain exhibited drawings and specimens illustrative of the serious injuries which sometimes occur to the left ventricle of the heart, or to the aortic valves, during muscular efforts.

The first specimen was a heart which had undergone fatty degeneration, and through the posterior wall of the left ventricle of which a rupture had occurred during some slight muscular efforts. He detailed the general characters of the injury and the microscopic appearances of the change which the texture of the heart had undergone. He explained that in cases such as this the blood accumulates in the feebly-acting ventricle; it presses against, and prevents the effective action of, the aortic valves. The blood of the ventricle and that of the aorta is thus made a continuous column, which presses with the force of many pounds on the surface of the ventricle, predisposed by the degeneration of its texture to yield to this force, and rupture then occurs. On the other hand, when the ventricle acts vigorously, and when, during muscular efforts, the pressure of the column of blood in the aorta is increased, the valves sometimes yield and are seriously injured. Of four cases of this accident he gave the striking details. One occurred in a smith working in a state of excitement with a sledge hammer; the second, in a porter who tried in a passion to force open a door; the third, in a man heavily laden; and the fourth, in a groom running with a horse. Of each case he gave the symptoms and physical signs, the latter being clearly those of regurgitant disease of the aortic valves; and the *post-mortem* appearances in three of the cases showed the exact nature of the lesion in each, and that it was connected with the accident referred to. The subject of the fourth case still lives.

The inferences drawn from the cases by the author were—

1st. That the aortic valves are liable to injury during muscular efforts,

2nd. That this injury is not necessarily immediately fatal, but that this will probably be the result in a period varying from one to two years.

3rd. That the symptoms, physical signs, and progress of this injury correspond to those of the like lesion which result from disease.

A drawing was exhibited, from the pen of Dr. T. K. Chambers, of the *post-mortem* appearances found in the brain of a woman who died with symptoms of apoplexy, after a surgical operation.

MEDICAL PROTECTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me to lay before you for consideration, the following suggestion, and to request you will have the kindness to give it a place in your Journal, and to couch it in what terms you think best, only deal impartially and fairly with it, according as its importance demands.

Yours most respectfully,

VERITAS.

Liverpool, Oct. 28, 1846.

It has long occurred to me, that a Society, to be called the Medical Protection Society, or perhaps better, the Medical and General Protection Society, has long been imperatively demanded, and I should have suggested it some time ago, had I not been expecting medical reform; but alas! it appears not to be so readily obtained as one might have expected. One cause, and not the least I fear, is a want of unanimity with the profession. It is much to be regretted, and very greatly to be deplored, both as regards the public welfare and the general good of the profession, that so much jealousy, selfishness, and want of ingenuousness should exist amongst the members themselves. Words, seeming acts of civility, and a certain assumed deportment pass too frequently for candour, generosity and friendship. That such is actually the state of affairs, I shall only adduce one thing to prove. How is it, I would ask, with the physicians and druggists? The former give prescriptions, and contrary to, and in defiance of, the law, they are not, as they should be, sent to the authorized apothecaries, and the only legally qualified persons to compound, but to the druggists; and this unfortunately is not all, the prescriptions are also used by them on all occasions, as they are *all* in the *frequent habit* of prescribing themselves and giving advice with impunity. This unlawful and baneful practice is carried on *here* to a very alarming extent, some of them administering to not less than thirty or forty patients daily, and are thereby enabled not only to live, but—shame be it spoken, yet, it is a well-known fact,—a few of them to realize handsome fortunes; while many, very many, of the legally-qualified practitioners, who have not only spent the best part of their lives, as well as their all in the acquisition of knowledge, are living in a state of penury and great distress. Now, I should ask, whence comes this anomaly in the profession, and how is it that druggists, many of them shamefully illiterate

and ignorant, are supported and maintained by the very heads of our profession—physicians? And thus they are encouraged and set forth to the public in a way that has caused quite a disorder and subversion of things; and druggists are made to usurp the position of the regular practitioners, a class of men, not much, if any, inferior to many of the physicians themselves. In this manner a scourge is going on, though secretly or rather heedlessly working, yet not on this account the less fatal and destructive, and has destroyed, and is destroying more lives than the sword or the cholera. This is no chimera or vision of the imagination, but a picture, too true, of the actual state of the profession.

Speaking of quacks,—who are the greatest? The druggists. And who are their chief supporters? No other than the very heads, as they are styled, of our profession. Language is not sufficiently strong to set this forth to the public in its proper light to warn them of their danger. One way there is, and only one way, to account for this strange inconsistency in the profession; and if there is any other, I should thank you to inform me. The physicians are jealous of the apothecaries; or rather, I should say, of the general practitioners. This ought not to be, and so long as it does exist, both the public health and the general welfare of the profession must inevitably suffer. Let the physician, the general practitioner, and the surgeon, become on *real* terms of friendship and amity; all jealousy and selfishness put away, so as to act with candour and integrity towards each other; unite in *one body* to discountenance and abolish, as far as lies in their power, all illegal dabbling in medicine. The physician and the surgeon should support and encourage the apothecary—or rather general practitioner; and the general practitioner, the physician and the surgeon, so that they would mutually maintain and support each other; and, for the better and more effectually accomplishing this object, I should recommend that a society or societies should be formed, supported by public contributions, open to all classes of men, with one common fund, to co-operate with the Apothecaries' Act, which at present is the only protection, in exposing the great danger of all illegal practice, and abolishing it by taking such steps as the society shall from time to time think proper to adopt. Such a society to be styled the "Medical and General Protection Society," which would not only promote a friendly feeling and good understanding amongst its members generally, but tend also much to the benefit of all, both in a pecuniary and scientific sense.

The press is the organ and the only medium through which to inform the public of a *TRUE SENSE* of their *great danger*, by intrusting their lives to such illegal and ignorant pretenders; and thus, in an especial manner, does it come under the fifth object of your Journal.

INSANITY IN EGYPT.

The following extract from a clever work just published, conveys a wretched picture of the condition of the insane in Egypt. It is to be hoped that Ibrahim Pacha was not allowed to leave this country without witnessing the treatment pursued at Hanwell and others of our best conducted asylums.

"The saddest sight I have seen in Cairo is the

Mooristan or mad-house—misery mitigated by nothing but its own oblivious antidote.—'Razing the written troubles of the brain.'

"A horrid court-yard, surrounded by tiers of iron cages, where men are cooped, and sometimes chained, with less of space, air, light, and cleanliness, than are allowed to a wild beast in one of our travelling menageries. Poor helpless wretches!—the moping idiot, the gay madman, the furious maniac,—sullen and weeping, laughing and singing, grinning, howling, and tearing behind the bars;—of all the fearful 'ills that flesh is heir to,' this overthrow of reason is surely the most painful to look upon.

omni

"Membrorum damno major Dementia."

I saw one poor patient brought out of his den and set at liberty; he lay for a few minutes upon a filthy mat on the stone pavement, his features drawn, livid, and stiff—a shudder passed through his wasted frame, and he was dead!

"After several visits, I have established an acquaintance with two or three, and make them presents of bread and tobacco, for which they are very eager. One captive, quiet, self-collected, and handsome featured, tells a long well-sustained story of female jealousy and a family conspiracy to obtain his property and confine him for life; he stoutly maintains that he is much in his senses as any man in Muzr—a strong reason for doubting the tale, which if true, would have driven a philosopher crazy. My new servant, *Black Omar*, who stands interpreter, believes every word, and thinks it no uncommon case; he tells me that *snake brok* is the 'sovereign's't thing on earth' for these mental maladies, and that no other medicine is used in the Mooristan, save the iron-chained collar and the bastinado."—*Nozrāni in Egypt and Syria.*

MEDICAL INTELLIGENCE.

On Monday, Oct. 26th, Dr. Smith, late senior Physician to the Leeds Public Dispensary, was elected Physician to the Cheltenham General Hospital and Dispensary.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, Nov. 6th, 1846:—R. H. Leach; T. W. Bradley; W. B. Beaton; R. Gething; J. Rambant; H. Murney; J. Bland; J. Barber; F. Hope; H. Sandwith; J. T. Brooke.

OBITUARY.

Died October 29th, in Upper Gower Street, aged 75, George Mann Burrows, Esq., M.D., F.L.S.

October 29th, Richard Martin, Esq., Surgeon, Chatbam, Kent.

Lately, at Paris, M. Poirson, late Surgeon-in-Chief of the Military Hospital of Gros Caillou, Member of the Académie de Médecine, and Knight of the Legion of Honour.

TO CORRESPONDENTS.

Communications have been received from Mr. C. Hawkins; the Sheffield Medical Society; Dr. Cullen-

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"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery; Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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WEDNESDAY, NOVEMBER 11, 1845.

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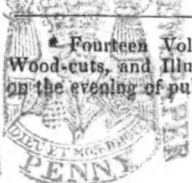
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CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

Physician to the East Suffolk and Ipswich Hospital.

(Continued from page 503.)

CASE XIV.

TRACHEITIS; TRACHEAL ABSCESS: PHYSICAL SIGNS: RECOVERY.

A little girl, aged two years and nine months, was seized in the evening of October 2nd, 1846, with hoarseness, and difficulty of breathing, both of which symptoms became greatly aggravated the following morning, accompanied with a short, hacking, dry cough. I saw the child, in conjunction with its medical attendant, on the evening of the 3rd. The most prompt and energetic measures had been adopted; the trachea had been freely leeched, followed by a blister; calomel and antimony in full doses at frequently repeated intervals had been persevered in; and that most admirable plan of keeping up a constant supply of warm moist air throughout the apartment was in full operation. It was ascertained from the mother that she had lost two children from croup, but that this child had been in apparently good health up to the period of seizure.

The countenance was now anxious; the skin not very hot; voice extremely feeble; cough stridulous; respirations panting and accelerated; pulse 120, small and jerking; tongue moderately clean; bowels confined; evacuations healthy; urine very high-coloured, without deposit; had been very sick from the medicine.

Physical signs.—*Percussion*: Stroke-sound normal over the entire chest.—*Auscultation*: Respiratory murmur almost inaudible throughout the left lung; of diminished intensity in the right; no rhonchi in either lung; harsh and loud tracheal breathing over the neck; vocal and tussive resonance diminished; cardiac sounds quick and irritable.

The energetic and judicious treatment which had been adopted from the first, having been apparently carried as far as the strength of the patient would admit, the calomel and antimony were now laid aside. The diffusion of warm moist air to be unremittingly continued day and night; a roll of flannel dipped in boiling water to be applied as a vesicant to the throat; a saline mixture, containing the bi-carbonate and nitrate of potash, with compound tincture of camphor, was prescribed every four hours, and an improved diet of arrowroot and mutton-broth.

4th. Hot-water blister has operated favourably; dyspnoea less; cough still troublesome, with slight

mucous expectoration; pulse 100, of feeble strength; respiratory murmur still inaudible throughout the left lung; louder, but yet of diminished intensity in the right; has to-day been more cheerful, and inclined to amuse herself. To continue the diffusion of moist air; to continue the medicines; to take a tea-spoonful of port wine in arrow-root three or four times a-day.

5th. Has had a bad night, with increased dyspnoea and cough; is listless, with great disinclination to be moved; physical signs as yesterday. The hot-water blister to be re-applied to the throat; the moist air to be continued. Medicines, wine, and diet, as yesterday.

6th. In every respect better; expectorated this morning about a tablespoonful of pure pus; dyspnoea greatly diminished; cough also much less; pulse 86, of better strength; respiratory murmur still feeble, but now audible throughout both lungs; appetite improved; evacuations healthy; urine paler. Medicines, diet, and diffusion of warm moist air to be continued.

From this date the little patient rapidly recovered without an untoward symptom.

Remarks.—This case presents in summary, many features of interest, and of practical importance. Its history was that of croup; it occurred in a family, two members of which had died of that disease; its attack was sudden, and in the evening, its febrile course advanced with great rapidity, while the distinctive characters of the affection became progressively and fully developed. The auscultatory phenomena were few but important. In addition to the local signs of dyspnoea, rapid motion of the larynx, and tracheal breathing, there existed natural resonance on percussion over the entire chest. This circumstance, secondary in itself, at once became valuable in reference to auscultation, inasmuch as the stethoscope indicated almost complete exclusion of air from the left lung, while the right lung, although not fully supplied, returned throughout a normal murmur. The fact of the healthy condition of the lungs and pleura being satisfactorily established, the point for diagnosis resolved itself into ascertaining the cause of the obstruction which obtained in the left bronchus. Simple inflammatory turgescence of the mucous membrane,—œdema,—a firm plug of tough mucus,—false membrane from secretions,—or a foreign body might equally occur to obstruct the passage of air through this tube. The point, however, necessarily remained matter of conjecture, until all doubt became finally removed by the bursting of the abscess, and the sudden discharge of purulent matter, to the immediate relief of the little sufferer.

Abscesses of the trachea are very rare. Andral mentions them as occasionally occurring, but more frequently, he observes, as an extension of the suppurative action commencing externally to that tube, penetrating its walls, and thus discharging their contents. In these cases, together with abscesses situated in the pharynx, œsophagus, or neighbouring parts, dysphagia most generally becomes a prominent symptom, the absence of which phenomenon throughout the progress of the above case, may be further adduced as a negative auxiliary to the diagnosis. The distinctive signs between tracheal abscess from which pus is discharged, and an ulcerated surface or an inflamed mucous membrane secreting that fluid, rest principally upon the great and speedy relief which the patient experiences in the former instance, and the generally rapid cessation of the discharge. In the latter circumstances, on the contrary, the purulent drain not unfrequently continues for an indefinite period in spite of treatment, aggravating rather than relieving the sufferings of the patient.

Of the diffusion of warm moist air in the treatment of pulmonary disease in children, as advocated by Dr. Golding Bird, I cannot speak too highly. In no instance have I adopted it without witnessing the most marked beneficial effects.

The vesication by hot water, was, I am convinced, from the rapidity of its operation, as also in the result produced, of great service in the above case.

From the tendency to pulmonary engorgements, and rapid debility, I believe that depressing measures may be, and frequently are, carried to too great an extent in the treatment of croup and laryngeal inflammation in children. The rapid improvement (although at first but temporary,) which followed an improved diet with wine, was most marked in the case of the above little patient.

With a view to prevent spasm of the glottis, a few drops of the compound tincture of camphor were added to each dose of the mixture. This, as suggested by Dr. Bird, is also an important adjunct, spasm proving the immediate cause of sudden death, in very many cases of laryngo-tracheal inflammation.

CASE XV.

ACUTE PHTHISIS: PHYSICAL SIGNS: DEATH.

Mrs. —, aged 30, of leuco-phlegmatic habit, was delivered in November, 1845, after a lingering labour, of a dead child. She had lost two or three relations from phthisis, but had herself been well and free from cough prior to her confinement. About a month after this occurrence, she became the subject of cough, followed by expectoration and emaciation. I saw the case in consultation, in January, 1846.

The countenance was anxious; emaciation and debility extreme; voice confined to a whisper; skin hot and rather dry; no nocturnal perspirations; tongue clean; appetite very indifferent; bowels regular; urine high-coloured; pulse 120, very small and feeble; complains of occasional pain in both sides; cough incessant, especially at night; expectoration purulent, not copious, and thrown off with difficulty, in consequence of the great debility; has not had hæmoptysis, but a few specks, evidently blood, have been observed more than once in the sputa.

Physical signs.—*Percussion* elicited no appreciable

dulness.—*Auscultation*: Breath-sound tubular under the right clavicle; harsh and slightly tubular throughout both lungs, in front as well as behind; a small muco-crepitation universally diffused over both lungs.

Treatment.—This could only consist in supporting the strength, in addition to which, the mineral acids, with the syrup of the iodide of iron, and sedatives at night, were prescribed.

This poor patient survived only eleven days from the period of my first seeing her.

The foregoing case presents a graphic instance of that melancholy form of disease—acute phthisis. In reference to diagnosis, it illustrates a fact of great practical value,—viz., that notwithstanding the extensive deposit of miliary tubercles throughout both lungs, the resonance of the chest is sometimes not materially, if at all, diminished. This circumstance obtains only, I believe, in cases of acute phthisis, and may be attributed for the most part, to the miliary indurations being scattered with such rapidity through the tissue of both lungs, as to prevent that comparative modification of sound, which is elicited in the ordinary forms of the chronic disease. The small muco-crepitations, arising from capillary bronchitis, excited by the irritation of the deposit, where extensively heard and not limited to the base of the chest, becomes frequently (in addition to the unequivocal symptoms which generally obtain,) one of the most marked physical signs which we possess, of the existence of acute phthisis. The observance that the symptoms continued, “despite the remedies employed,” as mentioned by Sir James Clark, will not unfrequently materially assist in the formation of a correct diagnosis in this often obscure affection.

In the treatment of acute phthisis, when fully developed as in the above case, our best directed measures prove indeed unavailing. A carefully regulated and nutritious diet; the mineral acids with sedatives, and the syrup of the iodide of iron, are the remedies from which I have seen most benefit derived. I have at present under my care several cases of chronic phthisis in the second and third stages, for which I have prescribed the cod-liver oil. The only remark which I at present feel warranted in making, is, that I have hitherto found it well borne by the stomachs of phthisical patients. The best vehicle for taking it, as recommended by Dr. Bradshaw, is linseed tea.

CASE XVI.

PHTHISIS: PHYSICAL SIGNS: REMARKS.

H. G., aged 36, by trade a miller, applied as an out-patient at the Ipswich Hospital, September 12th, 1846. States that he has been the subject of cough for two years, which was at first dry, but subsequently attended with expectoration. Has once also had hæmoptysis, but only to a slight extent. He is not aware of having lost any relatives from phthisis.

General symptoms.—Great emaciation; countenance sallow; eyes prominent; tongue clean; appetite tolerably good; bowels regular; urine high-coloured; pulse 86, feeble; cough very troublesome at night and in the morning; expectoration muco-purulent; complains of pain between the shoulders; perspires at night, and has very rapidly lost strength.

Physical signs.—*Inspection*: Chest much emaciated; ribs rise and fall freely.—*Percussion*: Scarcely any

appreciable difference between the two sides in front, both affording good resonance, slightly defective perhaps under the left clavicle; evident dulness over the superior scapular region of the left side.—*Auscultation*: Respiration healthy over the entire right side; of slightly diminished intensity, with increased resonance of voice and cough, under the left clavicle; cavernous respiration, voice and cough with large moist crackling over the supra-spinous fossa of the left scapula; around this spot and throughout the remainder of the lung, the respiration healthy.

Treatment.—A blister beneath the left clavicle; the mineral acids, with the syrup of the iodide of iron.

This patient resided in the country, and did not return to the hospital, from which it may be presumed, that the case rapidly terminated unfavourably.

Remarks.—The circumstances attending the above case, afford an apt illustration of the necessity of careful examination of the *entire* chest, in *all* cases of pulmonary disease. Had the anterior regions been alone examined, without removing the patient's clothes, the really advanced nature of the affection would have been overlooked, and a probably too favourable prognosis given. The amount of apparent disease which existed in the front of the chest, was by no means sufficient to excite immediate alarm; indeed, had it not been for the previous occurrence of hæmoptysis, the physical signs elicited from this part might have been attributed solely to congestion.

A single cavity situated in the posterior surface of the lung, surrounded by apparently nearly healthy structure, is unusual. The fact of its occasional occurrence should direct attention to the condition of the posterior and middle portions of the lung, even although the anterior aspect present but slight indications of disease. At the request of the friends of the patient to be made acquainted with the condition of the lungs, a very unfavourable prognosis was given. This may have operated in preventing his return to the hospital, although I fear, from the obvious emaciation and debility, that a fatal termination has ensued.

(To be continued.)

CASE OF CATALEPSY: EMPLOYMENT OF ELECTRO-MAGNETISM.

By W. HENCHMAN CROWFOOT, F.R.C.S., Beccles.

J. H., aged 30, of a delicate constitution, and very sensitive mind, but of loose and intemperate habits, had been sentenced, for a slight offence, to imprisonment and hard labour in the Beccles prison. From the first moment of his committal he seemed to feel most acutely the disgrace of his situation; he associated very little with the other prisoners, was silent, and exceedingly depressed. Whilst at work on the treadmill, on the afternoon of the 15th of last June, he complained of giddiness and of some pain in the head, and had a slight bleeding from the nose; he asked, and obtained permission, to retire to his cell, where the turnkey found him on his bed, at six o'clock, in a state of insensibility. He was pallid, the pupils were dilated, and the pulse weak and quick; he sobbed occasionally like an hysterical woman; some cold water was dashed on his face, but produced no effect. He was removed to the infirmary of the prison; mustard

poultices were directed to be applied to the calves of the legs, a blister between the shoulders, and some aperient medicine to be given till it should operate.

June 16th. 8 a.m. The aperient medicine has operated freely; he is sensible when spoken to, but unable to speak; the urine passed is high-coloured; the pulse weak, and variable as to frequency; when questioned as to his having any pain, he puts his hand to his forehead; he had taken no food, but was now prevailed on to swallow a little milk. As he complained of his head, he was placed upright, and a vein opened in the arm, but after the loss of about two ounces of blood he became pallid and faint, and the arm was immediately tied up; the blood was thin, and loose in its texture.

6 p.m. Quite insensible; has passed no urine since the morning.

9 p.m. Insensible, but some high-coloured urine had been passed, after indications of much uneasiness; some milk had been got down with much difficulty, and attempts to have more swallowed were desired to be made during the night.

17th. 7 a.m. Much improved; at about five o'clock this morning he became sensible, and spoke to the men who were placed to take care of him; he still complains of pain in his forehead; is unwilling to speak much, and seems to be quite unconscious of what passed yesterday; his pulse varies from 80 to 100; skin moist; urine high-coloured. To repeat his aperient, and continue his milk. His wife, who arrived this morning, says that he had a similar affection about nine years since, which lasted several weeks, during which time he had frequent returns of insensibility.

8 p.m. The medicine operated in the morning; at noon he again became insensible, when it was discovered that his upper extremities retained any position in which they were placed till they were again moved by the bystanders, but they could easily be made to assume any posture, as if made of a flexible metal, so exactly balanced were the powers of the flexor and extensor muscles. This cataleptic condition did not, however, extend to the lower extremities, as the legs, if raised, immediately fell on losing their support. The power of swallowing was now entirely suspended; the pupils were insensible to light; and the pulse varied from 80 to 120 beats in the minute.

10 p.m. Consciousness appears to be returning; some milk has been swallowed, and the patient has passed his urine upon being desired to do so.

18th. 8 a.m. Had been restless during the early part of the night, but about midnight he became again cataleptic, and remained so for about three hours, when he awoke, but relapsed into the same state at five o'clock, and still continues in it. Pupils slightly dilated and immovable; pulse 70; skin moist; no urine has been passed since last night, but about a pint of milk was taken during the lucid interval. There is a remarkable absence of all expression in the countenance.

8 p.m. At about eleven o'clock in the forenoon the patient became sensible, passed his water, and took some food. He complains of pain in the forehead, and in the left side of the epigastrium; pulse 70; tongue clean; he is very disinclined to talk. During the attacks the pulse varies much as to force and

frequency; the face is generally pale; the respiration sometimes laborious, at others scarcely audible.

19th. 8 a.m. Another cataleptic seizure at half-past nine o'clock last night, which still continues, but is confined to the trunk and upper extremities. No urine passed during the night, nor any nourishment taken; skin moist; pupils dilated.

At about nine o'clock it was decided to try the effect of electro-magnetism, and wires, connected with a powerful electro-magnetic machine were applied to the right upper extremity. The first effect produced was the immediate contraction of the flexor muscles of the fore-arm, causing the hand to be clenched; this was followed by a convulsive action of the lower jaw, and an alternate and rapid protrusion and retraction of the tongue. On stopping the machine these effects immediately ceased, but the cataleptic state remained unaffected. After an interval of ten minutes the wires were re-applied, the machine put into more rapid motion, and kept in action for a longer time. The muscles of the arm first became convulsed, then those of the jaw and tongue, next the diaphragm and intercostal muscles, occasioning most violent and irregular respiratory efforts, and raising the pulse from 60 to 140 beats in the minute. The left leg next became convulsed, and afterwards the right, and there seemed to be scarcely a muscle unaffected, although the wires were only applied to one upper extremity. For a time the state of the patient was really a frightful one, but soon the convulsions subsided; violent sobbing succeeded, and sensibility gradually returned, but there seemed to be a total unconsciousness of all that had passed. Some milk was now taken, and some high-coloured urine was passed, which had a specific gravity of 1.030, was acid, and slightly albuminous.

6 p.m. No return of the attack since the morning; has taken some food; pulse 65; tongue white; complains of pain in the forehead and epigastrium.

20th. 8 a.m. The patient has passed a good night, but is weak and low this morning. The bowels were moved in the night; pulse 60; tongue furred; no return of catalepsy.

6 p.m. No attack to-day; has taken more food, but is now thirsty and rather feverish; tongue white; the bowels have been again relieved.

10 p.m. At a quarter before nine o'clock he began to sob, and soon went off into a cataleptic fit; the eyes are open and the pupils dilated; on the approach of a strong light the pupils contracted, but soon became again dilated, though the light was not removed; pulse 80; respiration abdominal. The electro-magnetism was again had recourse to, and with very similar results, except that the convulsions were not quite so violent; the pulse rose in frequency to 130, and the respiration was most hurried and irregular. After a time the convulsions gradually subsided; the sensibility was restored; the pulse fell to 60, and he was soon as well as before the attack, but he positively asserts that he had been quite unconscious of all that had been passing.

21st. 8 a.m. Has had a restless night, but no return of the disorder; tongue coated; slight pain in the forehead; is very unwilling to take food. To repeat his apient.

22nd. 8 a.m. Has passed a good night; the bowels have been well acted upon; there has been no return

of catalepsy; he still complains of pain in the head, but he is decidedly improving.

23rd. Much as yesterday; is now up, but complains of great weakness.

24th. Had a slight cataleptic attack last night, but is much better to day, and able to get down stairs.

25th. Weak, but apparently free from disease.

26th. The prisoner was this day discharged and sent back to his family, since which time I have heard nothing of him, except that, being unable to face his former associates, he soon left the neighbourhood, and went to London.

Catalepsy appears to be nearly allied to that Protean disease, hysteria; and I should have been disposed, in a female, to have considered the early symptoms, in the above case, to be indicative of that disorder; but they soon assumed a cataleptic character. The equivocal nature of the disease, in the first instance, made the proper mode of treatment uncertain. The giddiness, headache, and bleeding from the nose, seemed to point to vascular congestion; whilst the feeble pulse, pallid countenance, and convulsive sobbing, marked its nervous character.

The electro-magnetism evidently cut short the cataleptic attacks, but the convulsive action of the muscles which it produced was, for a time, really frightful. The gentle purging, the mild diet, and the great kindness which the prisoner met with from his attendants, had probably much influence in effecting the improvement which took place in the disease before he left the jail.

Many years since I had a cataleptic patient under my care for a considerable length of time, in whom the morbid phenomena differed materially from those which occurred in the above case. The patient was a nobleman, about 30 years of age, married, and the father of a family; he had been epileptic for many years, and subject to catalepsy during the intervals between his epileptic attacks. During a cataleptic seizure, he would remain fixed as a statue, in whatever position he might happen to be, with a countenance void of expression, and with a perfect unconsciousness of all that was passing around him. At dinner I have seen the spoon, or the fork, suddenly arrested in its course, and, after a few minutes, carried to its destination, as if no interruption had taken place; but what is still more remarkable, I have often known him, in conversation, to be attacked in the middle of a sentence, when he would stop short, remain fixed for some length of time, and then resume his discourse precisely where he had left off, and apparently employ the very words which would naturally have followed those he had last used.

In this case all treatment was unavailing; he went to the Continent and died abroad, but of what disease I do not remember to have heard.

CASE OF HYDROCELE: TREATMENT BY IODINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the last number of your Journal you have inserted a "Case of Spontaneous Cure of Hydrocele," communicated by Mr. F. Cox, of Welford. Will you do

me the favour of inserting the following case, which occurred in the practice of my respected friend, Mr. Charles Fowler. I shall leave your readers to form their own opinion as to the efficacy of iodine in the cure.

I remain, Sir,

Your obedient servant,

CLEMENT HAWKINS.

Cheltenham, November 5, 1846.

Richard Jackson, aged 36, a labourer, was admitted into the Cheltenham Hospital, February 18th, 1833, with a large hydrocele, which he stated had existed three years. About two years and a half since, he applied to a medical practitioner, who told him he had a rupture and nothing could be done for him. He applied as an out-patient, February 11th, when Mr. Fowler having satisfied himself that the case was one of large hydrocele, ordered him to take Potassii Iodidi, dr. ss., ex Infusi Juniperi, oz. ij., ter quotidie. And to rub in over the tumour, one drachm of the following ointment twice daily:—R. Ung. Hydrarg. Fort., oz. j.; Potassii Iodidi, dr. iiss.; Cer. Cetacei, oz. j.

February 18th. He was admitted into the house; the tumour was not diminished; the scrotum was rendered sore from the friction. Mr. Fowler tapped the swelling, and drew off three pints and a-half of highly-coloured fluid, and injected the sac with a solution of sulphate of zinc, which occasioned considerable pain for an hour after the operation.

20th. Says he has felt no pain since yesterday afternoon.

23rd. The fluid is accumulating again. He left the Hospital and was told to return in a fortnight.

April 10th. He was again tapped and about the same quantity of bloody fluid evacuated, which did not coagulate on standing; no injection was used.

May 20th. The tumour as large as ever. R. Potassii Iodidi, dr. j.; Cer. Cetacei, oz. j. Fiat unguentum; dr. ij. nocte manequa utend.

June 3rd. Tumour perceptibly diminished. R. Tinct. Iodini, m. xx.; ter quotidie sumend.

17th. Tumour much reduced in size.

September 2nd. He was discharged perfectly cured.

I witnessed the progress of this case during the time I was a pupil, and will vouch for the accuracy of the statement, which I have transcribed from notes taken during the treatment.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHES BIRD, one of the Resident Medical Officers.

CASE IV.

SUB-ACUTE SYNOVITIS.

John Livingstone, aged 29, a stamper by trade, admitted into the Queen's Hospital, January 22nd, 1846. He states that about two weeks ago he was exposed to rain and wet, when his knee became inflamed and painful, the pain and swelling coming on at the same time; he has got worse ever since; has

never had any affection of the joint before; about three years ago he had rheumatism, and has ever since been troubled with swelled feet and ankles.

Present state.—The knee-joint of the left leg is much enlarged, and is much swelled, the swelling occupying principally the lower and anterior part of the thigh, and the spaces between the ligaments of the patella and the lateral ligaments, the patella being pushed forwards; the swelling gives a sense of fluctuation to the finger; there is no fulness about the bursa mucosa; can perform extension of the limb much better than flexion; complains of rather acute pain in the joint, also of pain in the back; has no palpitation of the heart; his water is high-coloured, with a copious reddish deposit of lithates; bowels open; pulse 86; tongue rather coated.

R. Mist. Salinæ, Oss.; sum. oz. j., quartis horis. Hab. Empl. Lyttæ genu. Empl. roborans dorso.

24th. Blister rose well; less pain; the joint is rather smaller.

26th. Blister discharges well; general pain relieved; slight pain across the patella; health improved; urine lighter in colour; bowels not freely open. R. Pil. Coloc. Co., ij. horâ somni sumend.

30th. Blister quite healed; no pain in the joint; complains only of stiffness.

February 3rd. Joint less; appetite indifferent. Rept. Empl. Lyttæ genu. R. Inf. Cascarillæ, oz. viij.; Magn. Sulph., oz. j. M. Sumat oz. j. ter die.

8th. Blister rose well; stiffness less; the joint is getting smaller.

17th. The blister has discharged plentifully and the effusion has gradually decreased; no pain; but the joint feels stiff and weak, and appears of the same size as the opposite one. To have a roller nicely applied. Continue the medicines.

27th. The inflammation has quite subsided; no pain in the joint; health improved; to have the joint strapped.

March 2nd. Can use the limb freely without any inconvenience; there is only a slight degree of stiffness left. Discharged cured.

Remarks.—The above is a case of sub-acute synovitis occurring in a person possessing the rheumatic diathesis, the exciting cause being exposure to cold, which is the most frequent cause of inflammation of the synovial membrane; the knee is more likely to be attacked than any other joint, as it is more exposed to the effect of atmospheric influence. Inflammation of the synovial membrane from constitutional causes, of which the present case is an example, is generally less severe than other forms of it; for although an increased secretion of synovia is produced, there is usually no effusion of fibrin, nor any material thickening of the synovial membrane itself. In these cases, blisters are extremely useful, on account of the copious discharge of serum they produce, and of the counter-irritation they cause; so that a diminution of the size of the joint, usually follows their employment. Bandages and splints are of essential service in moderating the motions of the joint.

CASE V.

CHRONIC SYNOVITIS.

Sarah France, aged 23, of strumous diathesis, sempiterna, admitted into the Queen's Hospital on

29th December, 1845. She states that about eighteen months ago she had rheumatism, and three months after, on exposure to cold, her knee became inflamed, very painful, and much swelled. Since then she has been under medical treatment, and has had many leeches applied, and at different times as many as twenty-eight blisters, besides two issues on each side of the knee, without experiencing much benefit; she had at the same time, swelling of the elbow-joint, which got well; has never been troubled with cough or spitting of blood.

Present state.—The knee-joint of the left leg is much enlarged, the swelling extending all round it; fluctuation can be felt but rather indistinctly; there appears to be some thickening of the synovial membrane; the pain, which is described as dull, aching, is greatest just above the patella; the pain is not increased towards night; complains of some stiffness in the joint; the motion of the joint is not quite perfect, as she cannot perfectly extend the limb; also complains of slight pain in the hip, but on examination there does not appear to be any disease there; bowels open; pulse 90; tongue rather coated; urine scanty and high-coloured.

R. Vin. Sem. Colch., dr. ij.; Sol. Magn. Carb. (Palmeri) oz. viij. M. Sumat, oz. j., ter die. Iodine paint to be applied to the joint daily.

January 5th. Feels better; no pain in the hip; that in the joint less. Continue the medicine.

11th. Size of the joint rather decreased; the thickened synovial membrane appears less; the pain diminished, but increases slightly towards night; health improved. The iodine is applied daily.

18th. Size of the joint about the same; the parts about it feel softer; urine natural.

24th. Joint decreased in size; stiffness diminished; does not feel so well; pain in the back; catamenia irregular. R. Pil. Ferri cum Myrrha, j.; ter die.

26th. As extension is not quite perfect, the knee-joint has been bandaged, and the joint put into an apparatus furnished with a screw, so as gradually to straighten the joint; she is instructed to walk in the hospital garden; general health improved.

31st. Joint still less; feels much better; appetite good.

February 7th. Diminution in the size of the joint; extension more perfect.

10th. There is still some fullness about the joint, but it is very much smaller than when she was first admitted; her health is considerably improved. Discharged relieved.

Remarks.—In the scrofulous diathesis it seems as if irritation of a joint were much more easily produced than in other constitutions, and the preceding case exemplifies the fact, that when once excited in this peculiar constitution, it is much more dangerous and more difficult of removal than in other patients. As the disease advances the cartilages generally ulcerate, one of the symptoms of which is nocturnal exacerbations of the pain. Now, this was entirely absent, and as there was no pain on motion, we may infer that ulceration had not yet commenced. The various counter-irritants made use of before she entered the Hospital seemed to have had little effect on the disease. The beneficial influence of iodine in promoting the

action of the absorbents, though slightly manifested, was probably counteracted by the scrofulous constitution of the patient.

CASE VI.

TRANSVERSE FRACTURE OF THE PATELLA

Harriet Lewis, aged 21, housewife, admitted Jan. 24th, 1846. She states that last evening she fell down stairs with her knee bent under her; she distinctly heard the patella snap at the time she struck the knee; the use of the limb was instantly lost, and she experienced acute pain in the joint. She hurt her side at the same time. On examination, there was detected a transverse fracture of the patella at about its middle; the parts were but slightly separated; there is a considerable degree of swelling; the parts are hot and tender to the touch; she complains of considerable pain about the joint, also of pain in the side.

Appl. hirud. xij, partis affectæ statim; hirud. iij. lateri. Mist. salin. quartis horis. To keep the limb perfectly still.

26th. Pain, heat, and swelling of the joint considerably less; pain in the side removed. To have a cold evaporating lotion applied to the joint. Empl. rob-rans lateri.

28th. The swelling has nearly subsided; no pain. To have the parts brought into closer apposition, and a bandage applied above and below the joint. Continue the cold applications.

February 1st. The limb was placed upon one of M'Intyre's inclined splints, in a complete state of extension, the foot being raised some inches above the level of the hip; the fractured portions were brought into closer apposition; a pad of lint was placed over the lower part of the rectus, and another over the patella, to prevent the portions "riding," and a bandage was then applied from eight inches above the knee to below the ligamentum patellæ.

8th. Union has taken place, and the deposit can just be felt between the fractured portions which are in the closest approximation; no pain nor uneasiness in the joint.

12th. To have the bandages tightened; catamenia irregular. R. Dec. Aloes Co., oz. ij.; Mist. Ferri Co., oz. vj. Sumat oz. j., ter die.

17th. The joint feels rather stiff and weak; no pain or swelling; a slight ridge can be felt across the patellæ; to use passive motion. Continue the medicine.

20th. Has used the joint since last report; the joint feels weak, but is not painful; general health much improved. To have the knee well strapped.

27th. Improving; motion more perfect; the joint feels stronger. To have it re-strapped.

March 2nd. Motion of the joint perfect; can walk well; the joint getting much stronger; general health greatly improved. Only a slight ridge can now be felt between the once-fractured portions. Discharged cured.

Remarks.—Fractures of the patella are often produced by the action of the extensor muscles alone; but in this case the action of the muscles was combined with direct violence, producing the inflammation, the swelling, and the tenderness of the part. Fractured patellæ commonly unite by means of a ligamentous substance. Osseous union may, however, follow a transverse fracture of the patella, and still more

frequently a longitudinal one. Cases of the former are mentioned by Dr. W. Hunter, Sir Charles Bell, M. Lallemand, and Mr. Wilson. Sir Charles Bell gives the following explanation of the cause of the union being either by bone or ligament:—"In the common case," says he, "of fracture of the patella by the sudden action of the quadriceps extensor, the pieces are separated without that degree of violence which is necessary to produce re-union by bone. But when the patella is broken by a blow or kick, there is not only less retraction, but the injury, bloody effusion, tumefaction, and rigidity of the parts, resemble that which attends the fracture of any other bone, and the fragments unite by bone." ("On Injuries of the Spine, &c.") Sir. A. Cooper, however, appears to have been opposed, though by no means conclusively, to the possibility of re-union of the patella after a transverse fracture; and he has made a statement which is a good deal too general, and perhaps not borne out by observation, but which, were it true, would certainly decide the question. He thus writes,* "With respect to the mode of union of this bone, whether the separation be great or inconsiderable, it is effected by an intervening ligamentous substance. The bone itself undergoes but little alteration. The lower portion joined by ligament to the patella (tibia,) *has its broken cancellated structure still apparent*, although a little smoothed. The upper portion of the bone has its broken cancelli covered by a slight ossific deposit, so that there is more ossific action in the upper than in the lower portion of bone, and certainly much less in bones which do not form a part of the joints." But it is certain that the broken fragments of a patella may be well covered in by a good shell of new bone in many instances, so that we may not conclude that the formation of new bone does not take place; although we may suppose that without a very nice re-adjustment of the broken fragments, even in the case of a vertical fracture, a ligamentous union, by reason of the scanty ossification, will the more surely be the result.

In this case the parts were kept in close apposition, and as the fracture was produced by direct violence, ossific union might have taken place.

* ("Surgical Essays," 2nd Ed., 2nd part, p. 86.)

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 18, 1846.

A London Medical Journal, finding probably that its attacks on one of its contemporaries have failed in their object, and that its own interests have been by no means advanced by the attempt to damage those of a Metropolitan rival, is now engaged in the endeavour to divert some of the resources of the Provincial Association from their proper object—the promotion of the interests of provincial practitioners. We cannot indulge our contemporary by entering into the lists with him. We are not skilled in the use of the coarse weapons which he so unsparingly employs, and if we were,

vituperation and abuse would be even more distasteful to the members of the Provincial Association in the columns of their own Journal, than they are in those of the *Medical Times*. The members of the Association are, as a body, gentlemen of considerable attainments, of standing in their profession, and of high moral character. One of the objects of the Association is to maintain the honour and respectability of all its members, and to promote good feeling among them. Attacks directed against individuals are little likely to accomplish that object, while the unprovoked outrage offered to the Association, and through the Association, to provincial practitioners in general, cannot but fail, and must overwhelm its authors with confusion and defeat.

The Provincial Association is common ground, where every member of the profession can meet his fellow members on terms of equality and harmony. No exclusion from its ranks is practised towards any honourable member of the profession; the single qualification for membership is a legitimate degree, diploma, or license in medicine, from some recognized University, College, or Corporation, and no further requirement is made from the candidate for admission, but a certificate of eligibility, signed by two members of the Association, as a pledge of general and professional character. Any partial scheme of reform, with the view to the separate advantage of the members of this or that corporation, of the graduates of a particular university, or the pupils of a particular school, can derive no countenance from the Provincial Association. The object of its members is the general benefit of the entire profession, and through the profession, of the public at large. Hence they have advocated the registration as a preliminary measure. Hence they have supported, and will continue to support, any measures for the improvement of the system of education pursued at the various schools and colleges of the empire, without reference to whether these are situated within five miles of the General Post Office, or fifty, or five hundred. Hence also they have supported, and will continue to support, equal rights to practise in all who are so qualified, and the establishment of an efficient system of representation in the different corporate bodies of which the profession consists, or shall hereafter consist.

These are general principles, and are not palatable perhaps to those who would legislate for class interests; they may not suit possibly certain individuals with very questionable qualifications for deciding on matters which concern the interests of the medical profession, but they are those which will be generally recognized by provincial practitioners as tending to cement the different orders of the profession amongst themselves into one harmonious whole.

Now, while the ruling powers of the Metropolitan Corporations, whether of the Colleges of Physicians and Surgeons, or the Society of Apothecaries are each contending for the so-called rights of their own members, it is futile to expect that a measure of reform satisfactory to the whole profession can be carried out. Under these circumstances the Provincial Association is willing to accept the instalment of a registration of all duly-qualified medical practitioners, as affording at least a distinctive mark between the educated medical practitioner and the uneducated and ignorant quack. But then this measure has been advocated—has been introduced into parliament in its separate form, by one whom it pleases a certain portion of the medical press to regard as a mortal foe—*hinc illæ lacrymæ*—and instead of looking to the measure itself, the sense of injuries sustained, real or imaginary, is suffered to rankle, *alta mente repostum*, and the public good is in consequence sacrificed to private feelings.

In the multitude of false and ill-founded accusations brought against the Association, we had nearly forgotten to notice that it is accused of being opposed to protection. Now, so far is this from the fact, that the support which the Association has always given to protection for the qualified medical practitioner, is the very ground on which a distinguished member felt himself called upon, some time since, to decline an honourable office to which he had been appointed.

The Nature, Causes, and Means of Prevention of the Diseases incident to Lead-Miners. By WILLIAM EWART, Surgeon, Carlisle. 1846. 8vo. pp. 31.

The subject of this pamphlet may to some seem to be of local interest only; but a very little consideration will suffice to shew that what is specific in its application to the workers in lead-mines, is also equally applicable to the workers in lead generally,—to painters, plumbers and glaziers, to type-founders, china-potters, and other classes of operatives who are engaged in the preparation of lead for the various purposes to which that metal and its compounds are applied; while the more general deleterious causes which operate in addition to the specific action of the lead,—such for instance as breathing a confined atmosphere loaded with dust, and contaminated with divers impurities, are common to miners in general, and consequently to mining districts. Thus the lead-miner is subject to bronchial and pulmonary irritation, which not only complicate the action of the metallic poison, but materially tend to impair the general health, and increase the mortality of his class.

The chief peculiarity of this pulmonary affection, as we gather from the pamphlet before us, is the expectation of a quantity of blue-coloured matter, the

colour being probably derived from the metallic particles, which in part, at least, have given rise to the irritation of the bronchial membrane, and with which the sputa must be more or less loaded. The effect of this cause on the mortality among lead-miners is, that about four-sevenths of their number die of disease of the lungs, the character of which is chiefly pulmonary consumption, while the general average of the deaths from the same cause throughout the entire country is about one-fifth of the mortality.

Among the predisposing causes of pulmonary disease to which miners in particular are subject, must be reckoned the impermeable coating of perspiration and dust which the skin is apt to acquire from labouring in an atmosphere charged with dust, unless due means are used, by frequent ablutions, to remove it. The necessary consequence is, as Mr. Ewart well observes, an increase of duty thrown upon the compensating organ, the lungs, already in an impaired state of efficiency from respiring a loaded atmosphere, and thus at the same time irritated from without, and congested from within. Whether the high rate of mortality among lead-miners is in part owing to any paralyzing influence resulting from the peculiar action of the poison does not appear.

As a preventive measure to relieve the lungs from the accumulation of dust and irritating matters to which the bronchial tubes and cells are exposed, Mr. Ewart proposes for the lead-miner, a plan of treatment which we do not remember to have seen suggested before, and which may be in like manner applicable to workers in mines generally, and indeed to all who are exposed to the inhalation of air charged with finely divided particles of dust. The method proposed consists in the frequent use of emetics.

"With regard," observes the author, "to occasionally ejecting from the air passages, the irritating particles that continue in the course of mining to be precipitated within them, it seems possible enough to adopt means that would be attended with the highest advantage. This is some form of emetic, that when given at certain stated intervals, would have no injurious influence on the stomach, but on the contrary, would have an indirect bracing effect upon it, at the same time unloading the lungs of all extraneous matters,—promoting a freedom of the blood's circulation through them,—determining to the skin,—and, in fact, giving a healthy impulse generally to the various functions of life. To effect the above purposes, the emetic that would seem best adapted is a combination, in equal parts, of the sulphate of zinc and the powdered root of ipecacuanha. Six, eight, or ten grains of each of these, according to the strength and constitution of individuals, if taken occasionally in a cupful of tepid water, and their emetic operation assisted by copious draughts of the same liquid, would be every way likely to afford no trifling protective influence in the case of lead-miners."

Mr. Ewart has not had any personal experience of the effects of the mode of treatment which he

proposes, but he refers to the benefit experienced or said to be experienced in the early stages of tubercular consumption from the use of emetics. It might certainly be worthy of a trial in conjunction with the use of the warm bath, or some other mode of thorough cleansing of the skin; but it is very questionable whether the proposed remedy would be submitted to at a time when it is likely to prove beneficial, or with sufficient frequency to ensure its effects as a prophylactic.

Of the specific effects of lead on the system, we find little mention made in the pamphlet, and it is to be inferred, therefore, that the more general deleterious action of mining operations, arising out of the blasting and breaking up of the strata, are chiefly concerned in the production of disease in the Alston Lead-Mines, to which Mr. Ewart's observations more particularly refer.

SHEFFIELD MEDICAL SOCIETY.

Third Meeting, October 29th, 1846.—The PRESIDENT in the Chair.

ANEURISM OF THE AORTA.

Mr. Chesman exhibited an aneurism of the ascending aorta, taken from a patient aged 47. The disease had existed seven years, and death was caused by the pressure of the aneurismal sac upon the air-tubes. The sac was of large size, and contained about three pounds of coagulated blood, not arranged in layers. It adhered firmly to the centre of the sternum and the cartilages of the adjoining ribs. There was erosion of the sternum, a circular portion, the size of half-a-crown, being completely destroyed. The walls of the sac were generally firm and strong, with the exception of the part corresponding to the eroded sternum.

Dr. Branson exhibited a drawing taken from the same patient three years ago, showing the form of the external pulsating tumour.

INJURY OF THE HEAD.

Mr. Jackson exhibited a portion of the outer table of the right parietal bone, which exfoliated in consequence of an injury occasioned by the fall of a brick, some weeks before admission into the Infirmary, by which the scalp was cut through, but without any fracture. A large portion was found to be exposed on admission, and by raising up the edges of the scalp it was found that the bone was completely detached, and its removal was easily effected. The wound very soon healed.

TREATMENT OF EPILEPSY.

Dr. Branson read a paper, entitled "A numerical Analysis of the Treatment of forty-two Cases of Epilepsy."

After alluding to the importance of the numerical method of investigating disease, introduced by Louis, he stated that the forty-two cases occurred in 3413 registered cases, being in the proportion of one in eighty-one. Eighteen occurred in males—twenty-four in females, which corresponds with the observations of the French pathologists; but is contrary to the opinion of Drs. Watson and Elliotson, who regard the male sex as more liable to epilepsy than the female:—

Under the age of 7	.....	there were	4 males.	2 females.
From 7 to 14	.....	"	6 "	2 "
From 14 to 21	.....	"	2 "	6 "
From 21 to 31	.....	"	4 "	10 "
From 31 to 41	.....	"	2 "	2 "
From 41 to 51	.....	"	0 "	2 "

From this it appears that under puberty the male, afterwards the female sex, is most liable. The predisposition which seems to exist in the female sex between the ages of fourteen and thirty-one may be regarded merely as an indication of the hysterical temperament, the extremes of hysteria and epilepsy being separated by a very narrow-line. Of these cases, twenty were centric, and twenty-two eccentric.

Of the eccentric:—

6	were connected with	Amenorrhœa.
7	.....	Intestinal irritation and worms.
2	.....	Undue lactation.
2	.....	Dentition.
1	.....	Menorrhagia.
2	.....	Cessation of the catamenia.
2	.....	Accident—one from a blow on the head inflicted by a school-master, by which the boy was rendered insensible for some weeks; and the other from the breaking of a grinding stone.

One of the cases classed under the head of worms might be called centric, for though the patient parted with a lumbricus teres, the origin of the fit could clearly be traced to fright, from the relation of ghost-stories.

Of the eccentric cases:—

5	were treated with	Nitrate of silver.
6	.....	Preparations of steel.
11	.....	Active purgatives, blisters, leeches turpentine, assafoetida, and vegetable tonics.

Of the centric cases:—

13	.....	Nitrate of silver.
7	.....	Without nitrate of silver; with purgatives, blisters, setons, steel, and valerian.

Of the five eccentric cases treated by nitrate of silver, there were:—

Cured 1 Relieved 1 Much relieved 2 Not relieved 1

Of the six treated with steel, there were:—

Cured 1 Relieved 1 Much relieved 0 Not relieved 4

Of the eleven treated otherwise, there were:—

Cured 4 Relieved 1 Much relieved 0 Not relieved 6

Of the thirteen centric cases treated by nitrate of silver, there were:—

Cured 0 Relieved 4 Much relieved 2 Not relieved 7

Of the seven treated by other remedies, there were:—

Cured 0 Relieved 0 Much relieved 1 Not relieved 6

The duration of treatment varied from three weeks to seventeen months; the average being about three months. Thus of the eighteen cases of both kinds treated by nitrate of silver, ten derived benefit; whilst of the remaining twenty-four, eight only received benefit, the result being clearly in favour of nitrate of silver as a remedy in epilepsy.

The great objection to the use of this remedy is its well-known property of permanently staining the skin, by a continuance of its use—a property which has been so great an objection in the minds of some eminent physicians, as to almost induce them to discard it, though, at the same time, they acknowledge its efficacy. Dr. Branson had the same fear, until he detected an

indication, which he is inclined to think may prove a valuable safeguard in its administration. The first case in which he observed this indication was that of a man, aged 32, who, in consequence of epilepsy long continued, commenced the use of nitrate of silver on the 24th of November, 1843, and continued it until April, 1845. After taking it about three months, he was evidently relieved. In December, 1844, he had been free from fits for eleven weeks, a much longer period than usual. It occurred to Dr. Branson that the silver, like mercury and lead, might probably show its action on the gums, and on examination he found a dark blue line very similar to that produced by lead, on the edges of both gums close to the teeth. This he pointed out to some of his colleagues, and amongst others, to the late Dr. Favell, who pronounced it to be the effect of lead; but on examining a case of his own, he found the same line existing. Not then understanding fully this warning indication, Dr. Branson continued the use of the remedy four months longer, at the end of which period he found a very slight duski-ness of complexion. In another case in which the complexion had become slightly tinged, there was a well-marked blue line. The line is at first very faint, but gradually assumes a darker tint, and it is well to examine the healthy gum before administering the silver, so as to be able to detect the slightest change of colour. It is of a somewhat blacker hue than that from lead, (in Dr. Branson's opinion, having had the opportunity of comparing them,) and is not so easily produced as that from lead.

In ten cases which have occurred since, he has found its existence in eight. In two cases it was detected at the end of a fortnight. In four cases it was detected at the end of three, four, six, and seven weeks. In the two in which the line was *not* found, the use of the silver was continued for five months. In two of the cases the line was more strongly marked on the lower than on the upper gum.

Dr. Branson quoted a passage from a letter sent by him to the Journal two years ago on this subject, and said that further observation confirmed what was there stated—"that the first faint appearance of the blue line may be regarded as a valuable proof of the action of the medicine, and the depth of colour of the line, as affording a very useful warning that the limit is reached beyond which it is unsafe to proceed."

From the known character of the remedies most successfully employed in the treatment of epilepsy, astringent tonics, of which nitrate of silver is the foremost, he was led to infer the nature of epilepsy,—that relaxation of the capillary vessels of the brain is an important element in the production of a paroxysm of epilepsy; and to the statement made by Dr. Watson, "that it is not easy to conceive that the congestion could so suddenly arise and subside again, as it must sometimes do if it be the immediate determining cause of the fit,—within the space of a single minute for example," he opposed the phenomenon of blushing, in which the capillaries can suddenly relax and almost as suddenly regain their tone, and he thought that a similar action might take place in the capillaries of the brain, causing pressure upon the surrounding nervous substance, thereby giving rise to the epileptic paroxysm. But upon what this relaxation itself depends, and how the nervous energy which

ordinarily supports and keeps up the tone of the vessels, becomes suddenly impaired or exhausted, will probably remain an unsolved problem.

In the discussion which ensued Mr. H. Jackson stated that a case of epilepsy, recorded in the "Medical Essays," 1735, Vol. 4, p. 332, 3rd Ed., by Dr. Thomas Short, and quoted by Van Swieten, Vol. 10, p. 392, as well as by later authors, was believed to be a fabrication. The late Mr. Staniforth, sen., who knew Dr. Short, told Sir Arnold Knight, that the Doctor had told him that it was drawn up to impose upon some medical men in Edinburgh who had offended him. Mr. Jackson had heard the same statement from the late Dr. Younge, but he did not know whether he had obtained it from Mr. Staniforth, or from his father, Dr. Thomas Younge.

Mr. Chesman stated that Sir Arnold Knight was accustomed to mention this in his lectures.

ATTACK ON THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If any proof were wanting to demonstrate how much our profession requires—not reforming only, but "cleansing," the silly letters of "Vox Veritatis," ("Vox *Stultitiae*" would have been an apter title,) and the more vulgar effusions of the insignificancies who must needs try to ape so goodly an example, are in my humble opinion evidence enough. It would be difficult, Mr. Editor, to give you any just appreciation of the infinite disgust with which I read those letters; an old member of the Association, on which so much harmless venom is expended, and a general practitioner to boot, I protest against the justice of the aspersions of "Vox Veritatis. The Association may not be all that could be wished, but what institution is not open to the same accusation. There may be some error in its management, some deficiency in its mechanism; but I do not hesitate to say, that spite of this, it is the most important Medical Association in the kingdom. The object of "Vox," *et preterea nihil* we may add, appears to be to excite the general practitioner into a feeling that he is snubbed, imposed upon, and pigeoned, by "physicians and fellows." Now, Sir, I am a general practitioner, as I said before, and no "fellow" either; but I can meet those "bugbears," which seem to haunt poor "Vox," namely, the aforesaid physicians and fellows, without any feeling of degradation. I am treated as a man of science and a gentleman by them, and so I venture to say, is every general practitioner who deserves it. It is such people as "Vox" and his satellites appear from their writings to be, that would certainly be out of place in the society of such gentlemen as I met at Norwich, in August, three fourths of whom were general practitioners;" and the sooner such vulgarians withdraw themselves from the Association, the sooner will a necessary "cleansing" be commenced. One dirty fellow actually boasts of repudiating his debt of a guinea to the Association. God grant that if there be any more such in the Association, they may speedily follow his example of leaving it. "No respectable man shall legislate for me," says this "*Unus quorum*." I can imagine that he must feel very

ill at ease when any respectable man comes into contact with him. Can it be Mr. Editor, that the *Medical Times* is jealous of the two thousand medical men who take in the *Provincial Medical and Surgical Journal*, and therefore have no need of its services? I am inclined to think that such is the case. Let it beware, the *Provincial Journal* will ere long be one that will still further damage it; and then I suppose we shall have a still heavier broadside of malicious scribbings. But if the *Medical Times* would have any weight with respectable general practitioners, let it not choose for its champions the kind of individuals, the exhibition of whose narrow-minded vulgarity is the principle cause of whatever of obloquy may be attached to the term "general practitioner."

With my best wishes for the prosperity of the Provincial Association.

I remain, Sir,

Your obedient Servant,

A GENERAL PRACTITIONER.

Suffolk, November 6, 1846.

SUBSTITUTE FOR POULTICES, &c.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me through the medium of your valuable Journal to call the attention of the profession to certain newly invented materials, which you will perceive, from the specimens enclosed, to be of two kinds,—the "*Impermeable Spongio-Piline*," and the "*Impermeable Piline*."

The former, a loosely-felted article composed of sponge and wool, and backed by a coating of India rubber, is intended for applying warm fluids to the surface of the body, and hence as a substitute for poultices and fomentation-cloths, over which it possesses the following advantages:—

1. Its fibro-spongy texture renders it a bad conductor of heat, and enables it to retain a considerable quantity of liquid, the temperature of which is maintained for several hours, owing to the India-rubber backing preventing evaporation.
2. By merely acting as a vehicle for the fluid, without in any way combining with it, as is the case with linseed meal, it enables it to come in direct contact with the affected part.
3. It is free from any unpleasant smell or tendency to decomposition; two things inseparable from the ordinary poultices.
4. It is clean and light, and can be easily applied to, and readily retained on, all parts, however painful or uneven.
5. In securing all the beneficial effects of heat and moisture without the necessity for frequent renewal.
6. In not becoming dry, harsh, or irritating.
7. In requiring to be merely saturated with hot water, or some medicated decoction, to be fit for immediate application; a very considerable saving of both time and trouble being by this means effected.

The "*Impermeable Piline*," also a loosely-felted fabric, but made only of wool, or of wool and some fibrous substance combined, and backed by India-rubber, will be found an admirable material in many

chest affections, where either *protection* or *counter-irritation* is required; also in chronic diseases of the joints, &c., &c., and is well adapted for exciting both a local and general diaphoresis, and hence will be an extremely useful adjunct to the "*water-cure*," and likewise to the remedies resorted to for restoring animation in cases of drowning. It may be had of different degrees of thickness, and of various sizes, from that of the hand to that necessary for an entire envelope for the body.

I have the honour to be, Sir,

Your very obedient servant,

ALFRED MARKWICK.

19, Langham Place.

[Mr. Markwick's inventions come under rather a questionable shape, when recommended as adjuncts to the "*water-cure*," but from the specimens which we have seen we have no doubt they will well fulfil many of the objects for which they are professedly intended, and prove highly useful in the hands of the genuine medical practitioner.]

COD-LIVER OIL IN SCROFULA.

M. Daveri has published, in the *Bullettino delle Scienze Mediche*, a memoir on the use of cod's liver oil, showing the results of the trials he has made of it. These results possess considerable interest. From the year 1839 M. Daveri treated scrofulous patients in the Hospital St. Orsola successively with muriate of barytes, preparations from the leaves of the walnut-tree, and preparations of iodine. The preparations made from the leaves of the walnut-tree in no case produced a cure; and the other preparations mentioned, although more successful, still left much to be desired. In May, 1845, M. Daveri commenced the administration of cod's liver oil in these cases. Twenty-nine patients affected with scrofulous diseases have since then been under treatment; of these sixteen have been cured, eleven have shewn considerable amelioration; in one no improvement took place, and one died of phthisis. Among these patients fourteen were affected with indolent swellings; others had glandular enlargement, scrofulous ophthalmia, and strumous eruptions. The dose of the remedy was usually from an ounce and a half to two ounces during the twenty-four hours.—*Medical Times*.

UNIVERSITY OF LONDON.

M.B. SECOND EXAMINATION.—1846.

The following candidates have recently passed this examination:—

First Division.—Joseph Carpenter Bompas, University College; John Climençon Day, London Hospital; Charles Elam, Leeds School of Medicine; Henry Frederick Augustus Goodridge, University College; Thomas Hawksley, King's College; James Johnston, Queen's College, Birmingham; Thomas James Sturt, King's College.

Second Division.—John Thomas Arlidge, King's College; George Birkett, Charing-Cross Hospital; Charles Cowdell, University College; Peter Martin Duncan, King's College; Edward William Eton, St. George's Hospital; Thomas Peter Mason, Original School of Medicine, Peter St., Dublin.

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"The recent microscopic observations of Mr. Addison have established the important fact that a great accumulation of colourless corpuscles takes place in the vessels of inflamed parts. Mr. Addison has noticed it in the human subject in blood drawn from an inflamed pimple, the base of a boil, the skin in scarlatina, &c."—*Dr. Carpenter, Principles of Human Physiology, Second Edition, 1844.*

"Mr. Addison, of Malvern, has instituted experiments which shew that an animal structure, bearing all the characters of fibrous tissue may be forwarded synthetically out of the contents of these colourless cells."....."I concur in his statements respecting the fibrillation of their contents and their fecundity in the production of granules. I will even go further with him, and say that those granules are each and all possessed of an independent life."—*Dr. Houston, Lecture on the Modern Improvement in Surgery: Dublin, Nov. 4, 1844.*

"The mode in which these filaments are deposited is well described by Mr. Addison. The process is best seen in blood removed from a man labouring under acute pleuritis. I have frequently had opportunities of confirming the observations of Mr. Addison, and of seeing these filaments from under the microscope."....."I have seen the *Principles of Medicine*, just published by Professor Williams, of London. I find that he confirms the observation of Mr. Addison, that the number of the lymph corpuscles may be increased within the vessels of the frog's web by irritation."—*Dr. J. Hughes Bennett Treatise on Inflammation; Edinburgh, 1844.*

"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

London: Published by J. CHURCHILL, Princes Street, Soho,
Worcester; DEIGHTON, High Street,

ADVERTISEMENTS.

UNIVERSITY OF LONDON.

THE following Works have been selected by the Examiners for the Examination in Logic and in Moral and Intellectual Philosophy, for the Degree of DOCTOR OF MEDICINE, in the year 1847.

Logic.—Bacon's *Novum Organum*, Part I.

Philosophy of the Mind.—Cousin's *Analysis of Locke's Essay* (being the 3rd volume of his *Cours de Philosophie*.)

Moral Philosophy.—Butler's *Analogy*, Part I. Stewart's *Outline of Moral Philosophy*.

By order of the Senate,
R. W. ROTHMAN,

Somerset House,
November 6, 1846.

(Registrar.)

Just published, Fourth Edition, 8vo, cloth, 22s.

PRACTICAL SURGERY. By ROBERT LISTON, F.R.S., Surgeon to the London University College Hospital.

"In conclusion, it is scarcely necessary to repeat our earnest recommendation of Mr. Liston's work. Having, on a former occasion, expressed ourselves strongly on the subject, we can only add, that the present edition is, as it should be, even more worthy of our praise than its predecessors. It is a guide to the advanced student, and as suggesting practical observations of the highest value to the practitioners it is unsurpassed."—*British and Foreign Medical Review*.

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THE TRANSACTIONS

OF THE

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AND DEIGHTON, WORCESTER.

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VOL. II.

- I.—The Retrospective Address, delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.R.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSS, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster
Hospital.

LECTURE III.

Cases of idiopathic erysipelas of the head; history of the cases; varieties of erysipelas; principles of treatment, the same in all; characters of the erysipelatous inflammation; concurring conditions; symptomatic fever, for the most part asthenic.—Treatment, local and general; varieties of local treatment; advantages of nitrate of silver; general principles of the general or constitutional treatment; effects of mercurials, cathartics, colchicum, ammonia, opium, and stimulants.

Gentlemen,—The last fortnight has brought into my hands three cases of idiopathic erysipelas of the face, head, and scalp, all admitted within a few hours of each other; two of them occurring in the same family, a father and daughter; the third, however, from a different and distant locality, so that the idea that would present itself immediately to the mind of a contagionist, that of a common or contagious origin, by which is meant an emanation of imaginary germs, or germinal entities, given off from the body of one and inoculating another, cannot be maintained. Particular periods of the year are more favourable to the development of erysipelas than others, and to this fact we must refer the appearance of these cases simultaneously. Let us first turn to the record of these cases in the ward books.

CASE I.

W. M——, aged 43, a tailor by trade, was admitted into the hospital on October 17th. He had felt unwell for the last two weeks; anorexia and debility; within the last four days had some sharp rigors, accompanied by severe headache. Three days since first felt uneasy sensations about the face and scalp, the cheeks, forehead, and eyes, becoming swollen, sensitive, with burning heat and pricking sensations in the cuticle. Co-existent with this condition of the face were erratic pains in all his limbs, and more particularly in his loins. On admission the features were obliterated and obscured by an extensive erysipelatous inflammation, which had involved them all in a general tumefaction; this extended upwards to the scalp as far as the sin-ciput, and below to a few lines beneath the chin; laterally the ears were involved, the cartilages of which were much swollen, and had already begun to vesiculate. The entire surface occupied by this erysipelatous condition was of a dusky-red colour, extremely sensitive

to the touch, and of glistening aspect, and conveying a constant burning sensation to the patient, the colour rapidly disappearing under the pressure of the finger, and as rapidly returning, and the inflammatory redness and tumefaction was marked out by a well-defined line, clearly distinguishing the affected from the non-affected parts of the skin. The pulse was 120, sharp, and cordy; the tongue was morbidly red, dry, and papillated; the skin was hot, and deficient in secretion; there was urgent thirst, and the lips were parched, and cracked; there was no abdominal tenderness, and there had been no vomiting; the intellect was unaffected. The patient was placed in a hot bath, and his sensations craving for warmth to the head, the parts involved in the erysipelatous inflammation were, on his being placed in bed, wrapped in hot moist flannels, which were directed to be frequently renewed.

R. Hydr. Chloridi, gr. iv. ; Pulv. Rhei, gr. x. ; statim: Mist. Ammoniz Acetatis, oz. j., quartis horis. The erysipelatous surface was well rubbed over with the nitrate of silver.

18th. He had passed a good night. The bowels had been well relieved, the pulse had become softer, the skin had fallen in temperature, the erysipelatous surface was not so sensitive and there was a diminution of the sensation of burning heat. There was still great thirst, and although the bowels had moved freely, the dejections indicated the further use of cathartics; tongue still red and dry. Haust. Colchici Co. oz. j., bis die donec alvus bene responderit. Pulv. Ipecacuanhæ Co., gr. x., hac nocte.

The following night was passed with some sleep; there has been no delirium since admission; the bowels acted freely; tongue moist at the sides; tumidity of the inflamed parts much diminished, and sensation of tension relieved. The erythematous inflammation of the scalp had migrated posteriorly to the occiput and crept downwards, and this morning it was detected at the back of the neck, descending nearly on one side to the ridge of the scapula. The nitrate of silver was assiduously applied to the sound skin, marking out a boundary line; the inflamed surface was also rubbed over. Mist. Salina Ammoniatæ, quartis horis. White wine, oz. iv. ; beef tea.

20th. He passed a quiet night; the tension, tumidity and tenderness of all the affected parts had much abated; the cuticle on the cheeks was desquamating; the pulse had fallen to 92, and indicated much more power; the tongue had become moist; the bowels acted freely; dejections more natural; there was less thirst, and less febrile heat of surface.

During the 21st and 22nd, the symptoms gradually

mitigated; some restlessness was allayed by Dover's powder at night. The erysipelatous surface gradually lost its œdematous condition, and the cuticle everywhere freely desquamated. The application of the lunar caustic had checked the progress of the inflammation posteriorly.

On the 23rd, debility and great prostration were the principal symptoms recorded; the tongue had become quite moist, and had lost much of its morbid redness; the tumefaction of the face had subsided sufficiently to develop the character of his features, and the skin, except under the eyes, had returned to its natural colour, except the detached cuticle, which here and there indicated the severity of the departed inflammation. R. Inf. Cinchonæ, oz. j.; Acidi Nitrici dil. m. x.; ter die. Wine reduced to two ounces.

On the 25th, was reported convalescent, except that under the lower right eyelid, the cuticle still continued of a dusky dirty red, which you will recollect gave me the opportunity to observe at the time, would in all probability terminate in purulent deposit.

On the 26th, this had become much more swollen; pulpy, or boggy, in its impression conveyed to the finger. I directed Mr. Butler, the clinical assistant, to open it freely with a lancet, and he obtained more than a teaspoonful of healthy pus. The precaution was not taken of laying a shred of lint within the opening, the incision consequently closed in a few hours, and on the 27th you saw that this minute abscess had filled again, and again required the assistance of the lancet.

This patient quickly recovered his appetite and strength and is now convalescent.

Before offering you some remarks on the nature of erysipelas and its treatment, I wish to recall your attention to the symptoms of the two other cases of idiosyncratic erysipelas that were under treatment at the same time.

CASE II.

This is the case of the daughter of the last patient, living in the same house; she was taken ill about the same time, and admitted into the hospital on the same day with her father. She is about twenty years of age. On admission into St. Margaret's Ward, no history of her previous symptoms could be obtained, as she was in a comatose state, from which she could be with difficulty aroused sufficiently to protrude the tongue when desired; but no greater evidence of consciousness could be obtained. Erysipelatous inflammation occupied the face and scalp; its accompanying œdema obliterating the features, closing the eyes, and involving the whole in a shapeless swelling; the inflamed skin of a dirty-red colour, intensely hot to the touch, and causing the patient to shrink. The surface of the cheeks and the ears presented the appearance of ruptured vesication; the lips were unusually tumid; the pulse 116, sharp and thready; the tongue foul and dry, morbidly red and papillated; the lips were parched; the skin hot and dry; there was no abdominal tenderness nor tension; there had been vomiting since admission; and the bowels had acted freely, though offensively; the intellect was torpid. Balneum calidum. Mist. Ammoniac Acetatis, oz. j., quartis horis. Hydr. Chloridi, gr. ij.; Pulv. Rhei, gr. x.; statim. The head

was enveloped in hot flannels. The entire erysipelatous surface, except the parts that had vesicated, were freely rubbed with the nitrate of silver.

On the 18th the report states that she had passed a restless night; much wandering; constant efforts to get out of bed; fretfulness, and general uneasiness; the pulse, however, had become softer, 108; the temperature of the surface was not so great; but the tongue still indicated a typhoid tendency, sordes collecting upon it, and around the teeth; the bowels acted freely; the urine was copious in quantity, but loaded with urates. She was ordered the Mist. Salina Ammoniac, oz. j., tertius horis. White wine, oz., iv., with white-wine whey, beef-tea, &c., &c.

At 3 p.m. this day, the delirium had augmented in intensity; the tongue was dry and chapped; the portion of inflamed cuticle under the influence of the nitrate had become less tumid and sensitive, but the erysipelatous line had extended downwards under the chin, and had reached within half an inch of the clavicle of the left side. The nitrate was applied to the sound skin, and an eschar raised. Pulv. Ipecac. Co., gr. x., hora somni; and the Ammoniated Saline to be continued.

19th. Had passed a quiet night; the opiate had evidently diminished the irritability of the frame; consciousness had returned, and she was evidently better; the tongue had become moist at the sides; the pulse had fallen to 102, and was expressive of more power; the erysipelas had extended to the line of demarcation marked out by the nitrate, but not beyond it; the tumidity and tension of the parts first affected had greatly diminished, and desquamation was proceeding on the scalp and forehead; but on the next day it was discovered this specific inflammatory condition of the cuticle had wandered backwards to the nape of the neck, and had travelled over parts that had not been cauterised, and had descended as low as the space between the scapulae. The nitrate checked its advance in this direction.

On the 21st the symptoms had much abated; the tongue had become moist; skin cool; bowels acting moderately; no stupor, and some refreshing sleep; the inflamed parts desquamating freely. The next two days exhibited evidences of much prostration, and she was placed on an increased amount of nourishment, with bark and acid.

On the 23rd the pulse had fallen to 90; the tongue was clean and moist, and there was a natural desire for food, and her strength gradually returned.

One circumstance observed during her convalescence is worthy of note. The right eye had, for some days after all tumefaction of the face had subsided, exhibited a deep blood-shot appearance, and the congestion was sufficiently intense to inject the vessels of the lower palpebra to such an extent as to cause a protrusion of lax cellular tissue above the lower lid; and inferiorly towards the outer canthus, a round yellow tumour about the size of a pea appeared. I considered at once that this was a similar collection of matter, in the shape of a small abscess, in the cellular tissue. A cataract needle was first introduced, and a drop of purulent matter was obtained. I then directed Mr. Butler, our very intelligent clinical assistant, to open this tumour with one of the angular-shaped cataract knives, known as *Beer's*. By this operation about

half a drachm of creamy healthy pus was obtained. No further symptom checked her recovery, and this patient also is now convalescent.

CASE III.

The third case was also admitted on October 17th, and is that of a girl, aged 18, a servant in a tradesman's family. She exhibited all the ordinary premonitory symptoms of anorexia, debility, rigors, headache, and wandering pains in the limbs. The erysipelas in this case at first occupied only the right side of the face, involving the ear, cheek, eye, and partially the forehead and scalp; the lip was, however, much tumefied; the skin was hot, sensitive, and conveyed to the patient sensations of burning, heat, and tension. The intellect in this case was throughout unaffected; the pulse was 140, soft, and compressible; the skin of an intense febrile heat; tongue red and dry; lips parched; much thirst; no vomiting; no abdominal pain or distension; bowels well moved; great physical prostration. Hot baths; head to be wrapped in hot, moist, flannels. Nitrate of silver freely applied to inflamed parts; ammoniated salines, with a mild mercurial alterative.

On the next day the pulse had fallen to 110, and the other symptoms were much mitigated; less thirst, with a moister tongue. There had been vomiting during the night of a light bilious fluid; bowels torpid. Hydr. Chlorid., gr. iv.; Pulv. Rhei, gr. x.; statim. An oleaginous enema to relieve the bowels, and Haus Colchici Co., pro re nata.

On the 19th the erysipelas passed over to the left side of the face, but was checked there by the nitrate. Skin still above the ordinary standard; tongue dry; and symptoms not so promising as yesterday; the bowels, however, were freely moved in the afternoon, with much benefit to the general condition of the patient. On the evening of this day she began to flag, the pulse becoming very small, 120, and the tongue dry and parched, with some restlessness of manner, although no delirium. Some wine was given her, and Pulv. Ipecac. Co., gr. x.

The two next days exhibited a still greater tendency to typhoid symptoms; the intellect became confused; there was some muttering, and much restlessness; the bowels acted moderately. The stimulants were increased, and she had Pulv. Ipecac. Co., gr. xv.; Potassæ Nitratæ, gr. v. This procured sleep. During this period the cuticle was desquamating on the cheeks, but the erysipelas was creeping along the scalp, and was only retarded by the use of the nitrate, which, wherever applied, immediately checked its onward course.

On the 23rd, the restlessness had yet to be combated by opium, and there was yet much febrile disturbance; the pulse continued low; the tongue moist at the sides, but dry and brown in centre; the bowels acted freely, but the secretions were offensive, and required mercurials to improve their condition. She was now ordered the Infusum Cinchonæ and dilute Nitric Acid. The appetite began to improve, the restlessness to diminish; the cuticle freely scaled off from the previously inflamed parts, and she proceeded onward to convalescence without a check.

These three cases of erysipelas afford me an opportunity to explain to you the special characters and treatment of this disease. In the course of your clinical observations in this hospital, you will have

occasional opportunities of witnessing the peculiar features of two kinds of erysipelas, differing only in their cause,—the idiopathic and the traumatic. Under these two divisions, some authors have comprehended the several species of this exanthematous disease. The first comprises all those varieties of erysipelas that arise from constitutional causes; the second, as its name implies, all those arising from external injury. One class you will see treated in the physician's hands, the other in the surgeon's; but, nevertheless, you will find, that whether the case be surgical or medical, idiopathic or traumatic, the treatment being based on broad, general, and acknowledged therapeutical principles, will, in each class of cases, be for the most part the same. It is only when such cases fall into the hands of those who are unable to grasp the catenation of phenomena, successively developing themselves as a series of correlative effects, that we witness a departure from general rules of treatment, and the patient placed in jeopardy by a feeble practice, and inert and inapplicable remedies. Different writers have classified the various forms of erysipelas into several species: thus we find them speaking of the simple, the erratic, the phlegmonous, the œdematous, the gangrenous. But these terms do not imply different species of erysipelas, but for the most part merely express the relative intensity of the same disease in different individuals. The simple often passes into the erratic, and thence into the œdematous, and the phlegmonous is not only often times œdematous, but not unfrequently ultimately terminates in the gangrenous. These terms are, moreover, confusing to the student; for by them he is led to the notion of distinct varieties, instead of different degrees of the same disease. The term erratic, only expresses one of the universal characters of erysipelas, and not the specific distinction of a separate form; it is true, that in some individuals the tendency to migratory extension is greater than in others, as in Case 2, but this condition does not therefore separate its identity from the others. Again, œdema is to a greater or less degree an invariable accompaniment of every form of erysipelatous inflammation, and results from serous infiltration of the subjacent cellular tissue, consequent on the intense inflammation of the true skin. The extent of this œdema varies in different cases, but this is not sufficient to constitute a distinct variety.

The most practical subdivision is into idiopathic and traumatic; the first having reference to erysipelas as arising from constitutional causes only; the second as dependent exclusively on external injury. Each of these classes may recognize certain terms expressive of relative intensity, as the simple, with or without vesication, with more or less œdematous infiltration, and consequent tumidity and termination in desquamation of the cuticle and resolution; or the phlegmonous, where the inflammatory condition is more intense, and with an obvious tendency to *purulent* infiltration in the subjacent tissues. A few degrees of greater intensity, and this form rapidly passes into the gangrenous. The cases which you have had under your observation during the last fortnight, belong to the class of simple idiopathic erysipelas, with the ordinary amount of œdematous infiltration, a local tendency to the formation of pus, and accompanied from the first with the usual symptomatic fever of the asthenic

or adynamic kind. Practically, it is of some importance that you should have had the opportunity of witnessing and comparing together these cases of idiopathic erysipelas, attacking individuals differing in age, constitution, and habits of life. You have had the opportunity of testing the truth and reality of the doctrine so prominently laid down by some writers, that age and habits of life are powerfully modifying circumstances,—that special respect must be paid to them; but here are three cases of erysipelas, two occurring in young women—the one of a spare and youthful aspect,—the other more robust and inclined to obesity; and a man, the father of one of the females, of a strong, vigorous constitution, in each of whom the type of the symptoms has been similar, notwithstanding this disparity in constitutional habits, and whose cases have each required the same modified antiphlogistic, I may almost say, stimulating and tonic, mode of treatment.

Erysipelatous inflammation presents us with a series of phenomena expressive of true specific inflammatory action; the incipient symptoms, the *rubor, calor, tumor* and *dolor* declare this; and the subsequent effects—vesication, desquamation, purulent infiltration, or even gangrene make up the expressive category. In idiopathic erysipelas the symptomatic or accompanying fever is by no means always proportioned to the extent of surface over which the inflammation spreads, although in all probability it is allied to, and dependent on, the intensity of the inflammatory action. The febrile symptoms in Case 2 were equally urgent as those in Case 1; yet in the latter, the erysipelatous inflammation not only occupied the entire face and scalp, but migrated in front as far as the clavicles, and posteriorly, had unperceived crept down between the scapulæ. In Case 3, the erysipelas, at first confined to the right cheek, only partially affected the left side of the face, and never passed further than the sinciput upwards; yet the febrile symptoms were most urgent in this case.

Whether the constitutional disturbance stands to the local cuticular inflammation in the relation of effect and cause—that is, whether the fever be produced by the specific inflammation in the skin, or, *vice versa*, is a vexed question which need not occupy our attention now; for I do not wish to distract your attention from the legitimate objects of clinical observation, by a reference to matters purely controversial and speculative. We will simply consider these cases as they present themselves to us, exhibiting conditions of specific inflammation of the skin, with a large amount of symptomatic fever, rapidly assuming the asthenic or typhoid character.

I wish first to direct your attention to the local treatment; we will subsequently consider the constitutional. Among external remedies calculated to impart relief to the distressing sensations suffered by the patient, from the burning heat and tense state of the cuticle, none more certainly attain the object than hot fomentations. Hot and moist applications would seem to act mechanically on the distended cuticle, softening and relaxing it, and relieving it of that tension which causes the sensation of tightness and pricking shooting pain. Water of any temperature would effect this object; yet, for the most part, hot appliances are preferred. No rule need be laid down upon this point, for the

feelings of the patient are the best guide to our selection of hot fomentations or cold lotions. In the majority of cases hot applications are preferred, the patient expressing an instinctive horror of cold. In some a decided preference is manifested for cold. The best method of applying the hot fomentations is to wring a large soft flannel out of hot water, and roll the head in it, bringing it round over the face, so that no impediment be presented to the breath, but at the same time the whole erysipelatous surface is invested in this hot moist atmosphere. Much relief is obtained to the painful sensations of the patient by these means. Of cold applications, linen or lint, dipped into cold spring water, and frequently renewed, is the simplest and best lotion. An evaporating lotion may be made by the addition of spirits, but this is not necessary. With respect to the use of ice and ice-cold water, judgment is required, for the vital energies of the skin in erysipelatous inflammation are reduced so low, that a temperature of 32° continued for any length of time, would effectually deprive the part of its vitality, and quickly bring on gangrene. The best practical rule in reference to the use of ice in erysipelas, is to limit its application to the scalp, which, being defended more or less by hair, is not so susceptible to the influence of a low temperature, and to confine its use to the cases in which phrenitic symptoms of much urgency co-exist; for here the meninges of the brain become secondarily effected, and violent paroxysms of raving, wild, uncontrollable delirium, declare the amount of cerebral derangement. The symptoms in such cases are much mitigated by applying ice to the scalp, or laying the head for a short time in a kind of ice pillow, made by introducing pounded ice, with a little water, into a large sized bladder, and laying the head on it. The cases, however, now under consideration, present you with examples of the relief obtained by hot fomentations.

The nitrate of silver has been used freely to the erysipelatous surface in each of these cases, and with the effect of cutting short the inflammation, by setting up an action different from, and incompatible with, the specific action of erysipelas. That it does cut short the inflammatory condition of the skin is proved by the absence of vesication when it is applied in time, the cuticle subsequently merely desquamating. That the action of the nitrate of silver on the skin is incompatible with erysipelatous inflammation is also testified by the fact, that the disease will not extend itself beyond a line marked out by the lunar caustic. Advantage is taken of this fact to prevent the erysipelas extending, by surrounding the inflamed parts with a cauterised line of demarcation. The second case illustrates this fact:—Two days after admission, the erysipelas exhibited a tendency to extend downwards below the chin, and had reached to within half an inch of the clavicle of the left side. The healthy skin was freely cauterized by the nitrate about a quarter of an inch beyond the line of inflammation; the shoulders and neck posteriorly were in like manner marked off, but the hollow space between the scapulæ had escaped the touch of the nitrate, and the next day upon examining the patient the progress of the erysipelas had been confined within the boundary line, except that spot which had inadvertently escaped the action of the caustic; there the inflammation had crept

along, being checked right and left by the caustic line, but proceeded downwards in the direction of the spine, through the passage left for it by the interruption of the continuity of the cauterized barrier. It was remarkable to witness the erysipelatous inflammation, like a burning torrent, holding on its course unimpeded through this narrow outlet, till again damped and extinguished by the effectual quenching of the nitrate.

There are some cases, however, in which it is less advisable to use the nitrate, than to depend upon free incisions made with a lancet, scoring the skin in parallel lines, and sufficiently to abstract blood freely for the relief of the fulness and distension. This course is especially necessary when the appearance of the skin indicates a more intense degree of inflammation, of a more palpable phlegmonous character, and certain, if not by this means relieved, to terminate in suppuration and purulent infiltration in the subjacent cellular tissue. This practice may appear severe, but it is not so, it quickly affords relief, and saves much subsequent pain and trouble.

In cases of idopathic erysipelas, particularly of the face and scalp, purulent infiltration is rare, and confined to those spots where the cellular tissue is lax, such as in the palpebræ, either above or below, and it never exists to the extent that is witnessed in traumatic erysipelas. When matter is likely to form in the spots just indicated, it may be suspected when the cuticle remains of a dusky-red hue, and tumid, after the surrounding parts are desquamating, and have lost the previous redness and œdema; the part has an elastic, almost boggy feeling, to the finger. This little abscess should be at once opened by a free incision, and its contents thoroughly emptied, and a pledget of lint layed on with moderate pressure; this causes the sides to unite, and prevents the re-filling of the sac with pus, which it is certain to do if pressure be not made. If this be not done, the edges of the opening may be kept open for twenty-four or thirty-six hours, for it is only by one or the other of these means that a second opening can be prevented. The cases of both the father and the daughter exhibit the peculiarity of these purulent collections. The situation of the minute abscess in the outer canthus of the eye, embedded in the loose cellular structures of the lower lid, was singular.

The constitutional or internal treatment of these cases partook of the modified antiphlogistic character. Cases of erysipelas in the metropolis will rarely bear depleting remedies, or severe antiphlogistic treatment; general blood-letting is totally out of the question. Mercurial alteratives, with occasional brisk purgatives in the earlier periods of disease, carefully supporting the system, if necessary, by wine or ammonia, is a general summary of the internal remedies required.

The chylopoietic viscera are always irregular in function and secretion, and require the agency of mercurial purgatives; these unload the bowels, relieve the biliary congestion, and improve the aspect of the dejections. Brisk saline purgatives, co-operating with the mercurials, so that they be not pushed too far, are of great utility. Colchicum in combination with a neutral salt and magnesia, is in my experience the best form of cathartic. The action of colchicum is developed principally on the duodenum; it stimulates the hepatic ducts, cleanses this portion of the intestines of mucoid accumulations, modifies the accompanying

fever, diminishes the heat of skin, relieves the local turgescence, and furnishes other indications of amelioration. Two or three good purgative actions are generally sufficient, for hypercatharsis must be carefully avoided. The form in which I usually prescribe colchicum, is the *Haustus Colchici Compositus* of our *Hospital Pharmacopœia*. *Vin. Colchici*, dr. ss.; *Solut. Magn. Sulph.*, dr. iij.; *Magnesiz Carb.*, gr. xx.; *Aquæ Menthæ Pip.*, oz. j. *M. Fiat haustus.*

Two or more doses of this saline readily obtain the desired effect. Case 1, illustrates the good effects of purging with the colchicum draughts. On the 18th the bowels were torpid, evacuations offensive and dark, the tongue red and dry; two of the above draughts induced free action from the bowels, the tongue became moist, and there was a general diminution of all the febrile symptoms, and the local heat and tension were much mitigated.

The type of the fever in the majority of metropolitan cases is unquestionably of an asthenic order, ammonia and other stimuli becoming necessary oftentimes in the early stages of the disease. With respect to the proper period at which stimuli should be administered, it is difficult, I may say impossible, to lay down any special rules applicable to all cases; each case presents its own peculiarities and indications on which the necessity for wine must depend. In rural districts, among a hardy and robust population, general depletory measures, and an antiphlogistic treatment throughout may be advisable, but in the metropolitan districts the febrile symptoms early indicate want of power, and the necessity for support and stimuli.

Opium exercises a most beneficial influence wherever irritability, restlessness, and delirium, are the concomitants of fever. You have seen in the progress of these cases how serviceable it has proved in allaying the delirium, restlessness, and vigilance, so common in the fever of erysipelas. The *Pulvis Ipecacuanhæ Comp.* is, in most cases, the best form in which opium can be given, from its developing a secondary influence over the skin. Opium does not act merely as an hypnotic, or as an agent only to procure sleep; it lessens the irritability of the system generally, husband the physical power, and gains time for remedies to operate, and the functions to be restored to their normal state. It has been already observed, that diffusible and vinous stimuli are important and essential remedies, so soon as the pulse and tongue indicate the approach of a typhoid condition. Ammonia is best given, as the sesqui-carbonate in the *mistura ammoniæ acetatis*, or effervescing draught, formed by twenty grains of the sesqui-carbonate with two teaspoonfuls of lemon juice. The tongue becoming moist, the skin cool, and the pulse lowering in frequency, express a remission of the adynamic state. Of vinous stimuli, it is hardly necessary to specify any particular kind: port wine or brandy are those most usually employed.

The convalescent stage of this affection differs in but little from similar periods of other fevers. Cinchona bark-tea, with a mineral acid, forms the cheapest and most effective tonic, prepared by pouring a pint of boiling water on an ounce of the bruised lance-leaved bark, the water being first acidulated with three drachms of the dilute sulphuric acid. It differs from the *Infusum Cinchonæ* of the *Pharmacopœia* only, in

the maceration with acidulated water, the object of which is to render the *binats* of *chinchona* more readily soluble. You will find this tonic economical, and quite as efficacious in the convalescent periods of most acute diseases, as the more expensive preparation of quinine.

CURSORY REMARKS ON RECOVERY FROM ACCIDENTS AND SURGICAL OPERATIONS.

By EDWARD COPEMAN, F.R.C.S., Coltishall.

The case of compound dislocation of the ankle, lately reported in the *Provincial Journal*, is a striking instance of rapid recovery from accident, effected by the *vis medicatrix nature*, but it would not be difficult to adduce numerous proofs of the power of this mysterious agency. One other instance which lately occurred in my neighbourhood, it will not be impertinent to relate.

A middle-aged man, thin, and not of very healthy constitution, met with a frightful accident when attending to a cow that had just calved. Whilst he was stooping to give her some water, the animal tossed up her head suddenly, and one of her horns entered the man's mouth, tearing up the cheek in a jagged and irregular manner, from the angle of the mouth to the malar prominence in one direction, and across the top of the nose in another. The wound was a very unsightly one, implicating the entire thickness of the cheek. There was free bleeding, and considerable contusion. I closed the wound accurately with eight or nine interrupted sutures, covered it with lint, and applied cold water to the whole side of the face. I did not disturb it for several days, and, at the end of a week, there was scarcely anything to be seen but a linear cicatrix, marking superficially the course and extent of the wound. It healed beautifully, without any deformity.

Were we to speculate upon the reasons for the exemption from severe symptoms enjoyed by many who meet with grave injuries, I think we might fairly assign a prominent position to a country residence, and after this to the non-removal of the patient from his family and home. The subject of the dislocation of the ankle above referred to, positively refused to be sent to the county hospital, owing to a prejudice that is not uncommon amongst certain of the lower classes, against those excellent institutions, and it added no little to his comfort and tranquillity to be nursed and attended, during his confinement, by his friends and relations. What is true with respect to recovery from accidents, is also equally certain with respect to recovery after surgical operations; the causes above referred to seeming, as it were, to compensate for the smaller degree of surgical skill necessarily attainable by those whose lot it is to practise in rural districts. A few instances I shall proceed briefly to describe:—

I. In April, 1839, a man, aged 76, had his fore-arm severely injured by cart-wheels; soft parts considerably lacerated; ulna broken in several places; lower end of radius fractured; wrist-joint open, and filled with gravel and dirt; muscles, nerves, and interosseous ligament extensively torn. When I saw him, a few hours after the accident, the injured integuments were of a greenish hue; the pulse very feeble; the patient

much prostrated; and I looked upon the case, under any treatment, as quite hopeless. I gave him brandy and laudanum, and he then somewhat rallied; but he suffered severe pain, and begged hard to have the limb removed at all hazards; his friends also were in favour of the operation; and, apparently with very little probability of success, I amputated below the elbow. In order to get the operation over as quickly as possible, I retracted the integuments forcibly with my left hand, and cut directly down to the bones with a single circular incision. Scarcely any blood was lost, and to my great satisfaction he was relieved by the operation, and said the removal of the limb was "as good as a dose of laudanum." This was on the 1st of April. The stump healed by the first intention; and on the 16th of May I met him in the road driving a cow. I believe he is still alive and well, at 83 years of age.

II. May 13th, 1839. A very stout, plethoric drayman, had his right hand severely lacerated by the bite of a stallion which he was leading. I amputated below the elbow at midnight, before inflammation supervened, and the man recovered without a single untoward symptom.

III. May 14th, 1845. I amputated the arm of a lad, 13 years old, on account of a very severe gun-shot wound of the fore-arm. On the 12th of June the stump was quite healed, although his health had been disturbed by inflammation and suppuration of the right eye-ball from the presence of a shot.

IV. May 4th, 1846. I amputated the thigh of a young man of scrofulous diathesis, aged 26 years, for long-standing disease of the knee-joint. He had suffered a year or two before from a large abscess over the sternum, and had since lost one eye from purulent ophthalmia. He had no illness after the operation, took no medicine but an opiate and one dose of castor-oil, and by the 26th the stump was healed. The patient had, some little time before, been actually admitted into the Norwich hospital, but left again in the afternoon of the same day, owing to an impression that he could not recover away from home.

V. June 12th, 1846. I amputated a gamekeeper's leg below the knee, for extensive and long-standing disease of the ankle-joint. He was 38 years of age, much emaciated and hectic. A night or two after the operation, the perspiration, which had been profuse for many weeks, entirely ceased; and although the stump was obliged to be opened on account of hæmorrhage occurring some hours after amputation, it was healed, and the patient's health restored by the 24th of July.*

* In vol. XIII of *Brashear's Retrospect*, page 245, I find as follows:—"The most painful and tedious part of circular amputations is the dissecting back the skin to form a sufficient covering to the stump. Dr. Hannay recommends that an assistant should dissect back the skin on one side, whilst the operator does that of the other, and thereby shorten materially that most painful and unseemly part of the operation." This appears to me an extraordinary proceeding to advocate, and I imagine the assistance here recommended must prolong, rather than shorten, the time of the operation. In none of the five cases above reported did I dissect back the skin; yet I found that by employing an assistant to draw up the integuments before and during the first incision, and doing the same myself with my left hand, I obviated the necessity for making any dissection of the integuments, except dividing a few bands of cellular membrane, in order to secure a sufficient supply of covering for the stump, even in the thigh, when the retracted parts were again drawn forward after the removal of the limb.

VI. One other case I shall briefly refer to. I was called to a man about 40 years of age, suffering from the following symptoms:—"There was pain and considerable hard swelling in the perineum; scrotum very large, cedematous, and of a purplish red colour; hurried pulse, and severe constitutional disturbance. I was at a loss to ascertain the cause of all this mischief. He had not suffered from retention of urine, and on passing a catheter I found no stricture. He had had no blow on the perineum, and positively denied having run the risk of venereal infection. I could feel indistinct fluctuation, and on cutting into the perineum at some considerable depth, opened a very large abscess. I made a free opening on either side the raphe, and ten or twelve incisions through the skin of the scrotum. Next day there was escape of air and ill-formed pus, and a sloughy appearance in some of the wounds. I gave Decoctum Cinchonæ, and generous diet, and the case went on afterwards uninterruptedly towards a cure, without the loss of any portion of integument, although, from his circumstances, he was debarred from many of those attentions as to cleanliness and nursing, which I have been accustomed to witness in perfection at our excellent county hospital.

The success of such cases is a strong argument in favour of the country surgeon being educated for something more than the *ordinary ministrations* of his art,—of his being able, indeed, to act in the *greater emergencies* of surgery. Such qualifications may even be of more importance to him than to many who practise in towns, where able assistance is always to be procured in case of need, and where there are often opportunities, by means of hospitals and dissecting rooms, of remedying defects of education in early life. Be his education what it may, the country surgeon can never hope to acquire the sound judgment, confidence in his own powers, and the manual dexterity which the hospital surgeon possesses, because the means of obtaining these qualifications,—namely, familiarity with surgical disease, and frequent opportunities of exercising his hand, are not within his reach. If, however, he be in possession of a certain degree of skill and knowledge, he may be encouraged by the conviction, that the condition of his patient, with a body refreshed by country air, and a mind cheered by the kind attention of his friends, will be favourable to the success of his operations; and the result will reward him for the anxiety with which he undertakes the management of an important surgical disease.

Coltishall, October, 1846.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHEB BIRD, one of the Resident Medical Officers.

CASE VII.

PHLEBITIS.

John Knight, aged 24, policeman, admitted into the Queen's Hospital on Saturday, February 14th, 1846. He states that on Sunday last, between one and two o'clock, a.m., while on his beat, he was called into a

public house by the landlord to clear it. On his entering to do so he was knocked down by some one with the leg of a table, and was afterwards set upon by the rest, three or four in number, who severely kicked him about the loins and back. He succeeded at last, with a little assistance, in securing two, and conveyed them to the station. He then returned to his beat, when, he states, he vomited full a pint of dark-coloured blood. On the same day when at home, about two o'clock p.m., he passed with his urine about a quarter of a pint of dark fluid blood. He felt no pain until Monday; the pain was then referred to the left hypochondriac region. On Thursday, February 10th, he was bled by the surgeon of the force. Pills and castor oil were abundantly administered, but no effect was produced on his bowels until Friday, when they were once opened.

On his admittance into the hospital he complained of much pain in the left hypochondrium, aggravated by pressure and by lying on that side; pulse 90, rather feeble; tongue normal.

R. Pil. Calom. cum Colocynth., ij. ; hora somni sumend. Empl. Canth. lateri. Broth diet.

15th. Bowels well opened, pain less, appetite bad; the blister has not yet risen; has passed no blood with his urine, which is quite clear; he complains of pain and heat in his left arm. On examination there was a slight discharge from the orifice of the vein which was opened four days previously; considerable swelling and redness extending towards the wrist; he feels thirsty; tongue coated; pulse quick.

To have a bread poultice applied; ordered to keep his arm quite still.

16th. Swelling and redness increasing, extending upwards towards the shoulder and downwards as far as the wrist. There is a slight swelling in the axilla, which gives a sense of fluctuation to the fingers; great pain down the arm, extending to the fingers, which feel stiff, so that he cannot readily bend them; he is unable to raise his arm; the ulnar vein in its course to the extent of about three inches feels hard like a cord; it is attended with pain when pressed upon and when the arm is extended; tongue rather coated; feels thirsty and sick; the blister rose well; still slight pain in the side; bowels open; pulse quick, rather small; the orifice of the vein discharges freely.

Continue the poultice to the orifice, and cold applications to the rest of the limb. To take an ounce of the Mixture salina every four hours.

17th. Improving; the vein feels rather softer; not so much pain and redness; arm and fingers do not feel so stiff; discharges more freely; pain in the side gone; the blister discharges well; he is very thirsty and complains of a nasty taste in the mouth. Continue the medicines.

18th. Vein getting softer; discharges freely; redness and swelling quickly subsiding; pain much less; no stiffness in the fingers; can raise his arm; pulse slower; tongue clean; not so thirsty; appetite improving; swelling in the axilla disappearing.

19th. No redness except at the orifice of the vein, which still discharges; hardness in the tract of the vein gone; swelling subsided; no pain to be complained of; the swelling in the axilla quite gone; feels better in all respects; tongue slightly coated; pulse 88; bowels open; appetite much improved. Continue medicine.

21st. Still improving; there is slight hardness about the orifice of the vein and a small lump on the inner side in the course of the ulnar vein; tongue coated; bowels open. Continue.

23rd. Better; prominence on the vein subsiding; less discharge; has passed no blood with his water; tongue slightly coated; appetite good. To have ordinary diet.

27th. Much better; the hardness at the orifice of the vein is quite gone; there is no discharge; appetite good; urine quite clear; no pain in the side; the blister is quite healed; feels "numbed inside."

March 2nd. Quite well; no pain or hardness at the elbow; appetite good; feels much stronger. Discharged cured.

In a few days after his discharge he became outpatient for an attack of incontinence of urine, which quickly disappeared under the use of tonics.

The preceding case presents an instance of inflammation of the vein after venesection, its first effect being a coagulation of the blood, which becomes adherent to the inner coat of the vessel, in consequence of which, as noticed in the case, there is effusion of serum into the neighbouring parts. The hard, painful, circumscript cord, in the course of the ulnar vein was produced by the fibrin of the blood deprived of its serum and colouring matter. This was afterwards gradually absorbed, leaving the vein most probably impervious, although M. Cruveilhier observes that several facts and experiments tend to prove that a passage for the blood may be formed through the coagulum, so that the vessel that has been the seat of phlebitis, may after a time be restored to its function in the circulation, the coagulum being then partly re-absorbed, and the blood drilling for itself a fresh passage through the centre of the plug. In this case the inflammation was not disposed to extend itself in the course of the circulating blood, but on the contrary, in the opposite direction. The swelling noticed in the axilla was probably a collection of pus, which was afterwards absorbed. The constitutional disturbance attending this—the *adhesive* form of phlebitis, is slight in comparison to that attending the *suppurative* form.

CASE VIII.

CANCER OF THE TONGUE.

Augustus Faulkner, aged 45, glass-drop maker, of spare habit and leaden hue of countenance, married, has two children reported healthy, admitted into the Queen's Hospital, May 5th, 1846. He states that about eight months ago he first perceived a small lump referred to the middle of the tongue; it increased in size slowly until about five months ago, when some leeches were applied by the surgeon who attended him, since which time it has rapidly increased; has had a great deal of pain in the part lately; the pain described as acute, and extending to the same side of the head and to the glands of the neck; he has been in the habit of smoking a short clay pipe for about twenty-five years. He states that he always enjoyed good health previously; he has no cough.

Present state.—The tongue presents on the left side a large, uneven, irregular, indurated mass, unyielding and inelastic, extending from the tip to about four inches back; there are two deep, irregular, indurated, ash-coloured ulcers, emitting a very offensive odour;

they discharge but slightly; the pain is constant and is aggravated towards night, preventing him from sleeping; the pain is described as sharp, shooting, worse after talking; the tongue feels very sore while eating, and is worse after doing so; his mouth frequently fills with saliva; there is some soreness of the cervical glands, and slight swelling of the sub-maxillary and sub-lingual; general health good; bowels open.

Habeat Lot. Calcia Chlorid. *sæpe adhibend.* Pulv. Ipecac. Co., gr. x.; *hora somni* sumend. Ordinary diet.

7th. About the same; slept better. Cont. Pulv. *hora somni.*

12th. Much the same; sleeps better after the powders; the pain extreme; wishes much to have the cancer removed.

16th. The cancer has rather increased in size since he has been in the hospital.

17th. Mr. Cox removed the tongue this morning, assisted by Messrs. Knowles and Parker. A ligature was introduced through the tip of the tongue to keep it steady, and another one composed of four threads fastened on a sharp-pointed needle was next introduced far back in the lower part of the tongue, and tied so as to include the principal vessels. An incision was then made in front of the last ligature, cutting away all the diseased mass, the incision being directed obliquely downwards and forwards. The continued trunk of the lingual artery required a ligature, and some small arterial trunks torsion; a solution of alum was also used to stay the hæmorrhage. The patient underwent this painful operation with remarkable firmness, and after it was finished walked about with his hands to his head as if in great pain; very little blood was lost during the operation; pulse feeble; face covered with profuse perspiration. The surface of the wound was covered with several layers of lint. The tongue, when cut into, offered considerable resistance to the knife, and presented the fibrous bands peculiar to scirrhus intersecting the mass. It had a very offensive odour proceeding from the ulcers on the surface. A small portion of the tongue examined under the microscope presented numerous cancer-cells. After the operation he went to bed, but had no sleep; pain in the head still continues; complains of pain behind the ears; very restless.

18th. Has taken nothing since the operation; the uppermost layers of lint to be removed and fresh ones to be introduced; to have the mouth well syringed. "Completely choked up; my mouth is so sore that I cannot bear the milk to touch it, the squib cuts like a knife." Can swallow better, but it pains him much; slept a little this afternoon, but not at night.

19th. "I am not ill, but sore."* Bowels open. The main ligature being loose, was removed this morning by Mr. Cox; the pain in the head almost immediately ceased; the upper layers of lint were removed, and superfluous pieces cut away, and the mouth well syringed with warm water, and afterwards a little myrrh added; the surface of the wound is looking healthy; can articulate slightly; the labial glands are slightly enlarged; a good deal of discharge. To have some beef-tea, and to wash his mouth out frequently with the

* These extracts were taken from a journal which he kept for a few days after the operation, until his articulation was so much improved as to make himself understood.

following gargle :—R. Tinct. Myrrh., dr. j.; Aq. fer-vent., Osm. Misce.

21st. The remaining ligature was removed this morning; no hæmorrhage followed; the surface looks healthy; enjoys a little sleep; less discharge. To have milk.

23rd. Can articulate much better; still complains of much pain round the occipital region; complains of tenderness referred to the sub-maxillary and cervical glands; has little sleep at night, but dozes at slight intervals in the day-time; he has two small abrasions on the lips. Milk and cocoa.

26th. Complains of but little pain, referred to the back of the head; numbness of the tongue, the surface of which looks healthy; tenderness of the glands much lessened; articulation much improved; has had no hæmorrhage; has slept soundly at night since last report; ulcerations of the lips healed; bowels rather costive. To have some purgative medicine.

31st. Looks much better, is getting much stronger; the surface looks healthy; has no pain except while eating solid food, which he has taken for the last two days; appetite good; no soreness of the glands; lips quite healed; very little discharge; bowels open. Ordinary diet.

April 3rd. Much better; is quite free from pain; no pain on mastication, but numbness of the tongue is produced; appetite excellent; can eat solid food without difficulty; his articulation is very much improved.

9th. Greatly improved; no pain; can talk as plainly as when he first came into the hospital. To be made out-patient.

26th. Appeared this morning at the hospital, much improved in health and in good condition; surface of the tongue healed over and sound; no cough; no pain or tenderness in the glands of the neck.

Mr. Travers states* that this kind of disease admits only of palliatives, and that these are very ineffective. He also says that he has only seen one case wherein the ligature and knife had been employed in which the disease did not return before a twelvemonth. In the preceding case the operation was quite justifiable, as it has eased the patient of a great deal of pain and inconvenience. Up to this period he has been going on most favourably, and on his occasional visits to the hospital appears with renewed health, but whether he will form an exception to the above statement remains to be seen. As the sublingual and the contiguous lymphatic glands were apparently free from the disease, the chance of a perfect recovery is greater than if they were affected. It is very probable that the irritation of the tongue, caused by smoking "a short clay" for some length of time, might determine the disease to that part, as is frequently seen in cancer of the lower lip. That irritation which, in a man possessing the cancerous cachexia, produces the scirrhus tubercle, would in a man of healthy constitution only cause the simple ulcer; a carious tooth is sometimes the exciting cause. A small slice of the diseased mass when viewed under the microscope plainly shewed the nucleated cells indicative of scirrhus. In 8289 fatal cases of cancer, in thirty-six the main disease was seated in the tongue. As a proof of its occasional rapid growth, Dr. Warren records a case in which a small hard lump on the edge of the tongue was changed into an extensive

ulcerated fungus in eleven weeks, rising half an inch above its surface, and covering half its breadth.

The cancerous cachexia is frequently exhibited in an intense degree in these cases, and the sufferer is frequently cut off by its progress. Mr. Travers fixes upon strong healthy males, aged 40 and upwards, as the most frequent subjects of lingual cancer. The preceding case seems to corroborate this opinion. One interesting circumstance in this case is the entire absence of hæmorrhage; this may be in a great measure accounted for by the circumstance, that the great vessels were included in a strong ligature previous to the incision. The rapid convalescence and improvement in the articulation were very well marked, and it is much to be desired that he may continue free from a fresh accession of the disease, but this, I fear, is very doubtful, as he will most probably have a return of the disease in the same part or in other parts of the body. With regard to the quickness of its re-appearance, in a case related by Warren, the affection re-appeared within two months after the operation; in a case by Mr. Cæsar Hawkins it re-appeared in five weeks, and this gentleman states that he has never seen a case that was not followed in a short time by a return of the disease. If it does not burst out again in the tongue, it probably will in some other part of the body, either as scirrhus or as a secondary variety—viz., the encephaloid; in the latter case the disease most frequently appears in the lungs or liver.

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Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 25, 1846.

Of the striking facts developed by the returns of the mortality under the Registration Act, the great loss of life among the infant population of various parts of the country is one of the most important. A high rate of mortality in children is in itself a subject demanding the most serious attention; but when it is further considered that such mortality is also an indication of the prevalence of a vast amount of suffering and sickness, not immediately fatal, and of a corresponding effect upon the constitution, health, and strength in after life of those who are exposed to it, the importance of careful investigation into its causes becomes increased in a ten-fold degree.

From the Seventh Annual Report of the Registrar General, and from the last Quarterly Returns, we learn that on comparison of certain districts of nearly equal extent, but differently circumstanced, the excess in the mortality of young children in some of the manufacturing towns is found to be very great. Thus, in the extra-metropolitan districts of the county of Surrey, the annual mortality of boys under five years of age is 48 to 1000 boys living; in Manchester 148, a fraction more than three times the number. The calculations from which these facts were ascertained include the returns for

* *Medico-Chirurgical Transactions*, Vol. 15, p. 274.

the seven years, from 1838 to 1844, inclusive. From the same returns it appears that there were in Surrey 23,523 children under five years of age; in Manchester 21,152. The deaths of children of that age during the seven years were, in Surrey 7,364; in Manchester 20,726! The excess in the deaths of children in the one district over the other during the period referred to, amounts to 13,362, all of whom have fallen victims to known causes, "which," says the Quarterly Report, "it is believed may be removed to a great extent." The loss of infant life in Liverpool, and others of the larger towns is equally great.

It is not necessary here to enter into these causes in detail, with the view of pointing out how far they are capable of removal, and the means which it is necessary to adopt. These questions have been ably discussed in the pamphlets issued by the Health of Towns' Associations, and in various official documents published from time to time by order of the Government and the Legislature. We cannot, however, but refer to one cause of infant mortality, which has not been sufficiently dwelt upon, and which we are glad to see noticed by the able and indefatigable author of the Registration Reports. "The house and children of a labouring man," it is observed, "can only be kept clean and healthy by the assiduous labour of a well-trained, industrious wife, as any one who has paid the least attention to the subject is aware. This is overlooked in Lancashire, where the woman is often engaged in labour from home. The consequence is, that thousands, not only of the children, but of the men and the women themselves, perish, of the diseases formerly so fatal for the same reasons, in barracks, camps, gaols, and ships."

This is a correct view of the subject, and we feel convinced that the removal of the wife and mother of a family from the proper sphere of her exertions,—the superintending and management of her domestic duties, is in all cases attended with disastrous results, as well to the morals, as to the health and comfort of the entire household.

The Microscopic Anatomy of the Human Body, in Health and Disease. Illustrated with numerous Drawings in Colour. By ARTHUR HILL HASSALL, F.L.S., Member of the Royal College of Surgeons, London, &c. Parts I to IV. London. 8vo.

The author of this work, which is appearing with commendable regularity, in monthly parts, is already favourably known to science by his "History of the British Fresh-Water Algæ." The design of his present undertaking is good, and we are glad to observe the attention of a British microscopist directed towards these objects, and to the supply of a desideratum in the medical literature of this country.

The first three parts are chiefly devoted to the characters of the blood-corpuscles and the circulation, the fourth part to those of mucus and pus. On looking over the illustrations of the last two parts, a very evident improvement in the execution of the drawings is observable; the illustrations of the parts first published, though sufficiently accurate representations of the objects portrayed, being rather coarsely executed, and somewhat exaggerated also in the colouring. This latter defect may possibly have arisen from the drawings having been taken from the objects as observed by artificial light; at least the plates of the blood-globules present to us more of the appearances of these objects as observed by the aid of a lamp than when seen by the full light of day, reflected from the mirror, or from an illuminated white surface.

Another objection which may be urged, is that for the microscopic structure of the human body, the illustrations are derived somewhat too frequently from subjects of comparative anatomy. The objection, however, applies rather to the title of the work than to the matter itself; but it is to be desired that in the future progress of his undertaking, Mr. Hassall should select his illustrations as far as practicable, from the human system.

The information given in the text is valuable, and conveys a fair account of the present state of our knowledge on the subject of which the work professes to treat. We must yet recommend to Mr. Hassall additional care in the execution of the plates, so that they may equal both in fidelity and delicacy those of foreign authors and artists. Mr. Hassall is himself perfectly competent to this, as those who are acquainted with his work on the Algæ are able to testify. Some of the earlier plates might be cancelled, and the defective ones be readily supplied in a supplementary number; the entire work would then be such as might be every way recommended as a valuable compendium of our knowledge on the subject.

SHEFFIELD MEDICAL SOCIETY.

Nov. 12th, 1846.

The President, Mr. TURTON, in the Chair.

INTERNAL ABDOMINAL HÆMORRHAGE.

Mr. Beckett exhibited the transverse arch of the colon, the omentum, portion of ileum, kidneys, and uterus, of a prostitute, aged 28, of intemperate habits, who was admitted into the Poor-house on Monday, and died the following day. She was in a very exhausted state, and but little of the previous history of her case could be obtained. As it was reported she had died from starvation, an inquest was held. On opening the abdomen, the pelvic cavity was found filled with a large mass of coagulated blood, weighing four pounds; the clot, beautifully moulded upon the viscera, extended upwards to the omentum, between the layers of which

small clots of blood were found. After the most careful search no large ruptured vessel could be detected, but it seemed as if a general oozing had taken place from the small vessels of the meso-colon. The kidneys were remarkable for their lobulated appearance; the renal capsules were of large size, and fitted upon the kidneys like helmets. An enlarged mesenteric gland contained a calcareous deposit of the size of a pigeon's egg. The uterus, which was of the natural size, was lined with a false membrane. One ovary was enlarged, and a small encysted tumour, containing a grumous fluid, was attached to it. The remaining viscera were healthy, but exsanguineous.

SUPERFICIAL TUBERCULAR CAVITIES:
PECTORILIOQUY.

Dr. Branson exhibited the upper lobes of the lungs of a comb-maker, who died of phthisis in the Infirmary. Each lung contained a large tubercular cavity, which had been formed in the course of seven weeks. The outer wall of the left cavity was formed solely by the pleura, the substance of the lung beneath being completely destroyed. Over this cavity, as well as over the right, pectorilioquy was well marked, being contrary to the common statement, that a layer of lung between the cavity and the ear of the observer is necessary for the production of pectorilioquy.

PERICARDITIS: PHTHISIS.

Mr. Law exhibited, —1st:—The heart of Charles Margetson, aged 30, a striker, but recently a farm-labourer. The whole surfaces of the heart and pericardium were very equally covered with lymph, partially organized, and about two lines in thickness. The pericardium contained some serous fluid. The mitral valve was thickened and contracted. 2nd:—The left lung of the same man. There was a tubercular cavity at the inner and posterior part of the upper lobe, about three inches below the apex; and pyramidal masses of tubercles existed in the lung, separated from each other by intervening lung in a state of inflammation. On making an incision through the organ, the white tubercular masses, and the dark dusky red intervening lung, contrasted singularly and beautifully with each other. The spleen weighed one pound six ounces; its surface was studded with tubercular masses, some of them being in a state of suppuration. The whole of the bronchial and mesenteric glands were much enlarged. The liver was healthy, but proportionately as large as the spleen.

The subject of the foregoing organic changes became an in-patient of the Infirmary on the 25th September, 1846, and he died on the 9th of the present month. The axillary and cervical glands were enlarged, the former in a state of imperfect suppuration, and exceedingly painful. There was a remarkable fulness in the hypochondria and epigastrium, with exquisite pain on pressure in the centre of the left hypochondrium. This continued without diminution till he died. The skin covering these regions had the appearance of purpura, and this appearance extended upwards on each side to the axilla. The case was entered, "Phthisis: Enlarged Glands: Hepatitis." The presence of phthisis was sufficiently obvious from the general symptoms, although the physical signs were marked by loud mucous, sibilant, and sonorous rhonchi. There was not, at the time of his admission, any cardiac friction-

sound, and he was too ill to bear repeated examinations, which it was obvious could not produce any benefit to the patient. The fulness and exquisite tenderness above spoken of were not understood during life, and the latter received no elucidation from the *post-mortem* examination.

FEVER: GANGRENE OF THE FOOT.

Mr. Harrison then read the details of a case of fever, terminating in gangrene of the right foot. On April 13th, 1846, Mrs. Munks, aged 38, was attacked with pain in the left side, much increased on inspiration, and considerable dyspnoea. She complained also of faintness and palpitation, and the pulse was irregular. Leeches were applied to the cardiac region, and three grains of calomel given every four hours. In a few days these painful symptoms disappeared, but symptoms of general fever set in, which gradually assumed a typhoid character. About ten days after the commencement of the fever, she complained of violent pain in the right foot; there was no swelling nor discolouration, but the temperature of the foot was considerably diminished. The foot was placed in hot water, rubbed with an anodyne liniment, and afterwards poulticed. When the foot became painful, the febrile symptoms had very much decreased; the tongue was clean, but the pulse very feeble. Wine and beef-tea were freely given, and one grain of opium every six hours. On the following day the foot was still cold, and the pain in no way relieved. The top of the foot and the toes were now somewhat swollen and of a dirty red colour. A stimulating liniment was ordered, and opium, port wine, and brandy, were given more frequently, but without any relief. The patient gradually became worse; the foot assumed a purple tint, and, in some places, became quite black. As the colour became darker, the pain subsided, and at length sensation was completely extinguished. Ultimately diarrhoea set in, and she died May the 9th. A *post-mortem* examination was not allowed.

Mr. Harrison mentioned the particulars of another case, which occurred to him soon after the former, in which a somewhat similar train of symptoms arose, but the progress of the mischief was fortunately arrested before the occurrence of gangrene.

MEDICAL PROTECTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I am what is now called a *general practitioner*: though, attached to old usages, I prefer the term *surgeon-apothecary*. I am getting on for a sexagenarian—under Providence the architect of my own fortune, by simple adherence to the duties of a profession in which I still feel deeply interested, especially in reference to the future position of my sons.

I state these little facts with a view to arrest the attention and confidence of my junior brethren, and of your last week's correspondent, *Veritas*, against whose opinions my experience dictates a protest which will, I trust, excite many an echo.

I cannot believe that "the heads of the profession" are guilty of the unkindness with which he charges them; and I am totally averse to the combination

he suggests for such "protection" as he wishes to establish. Indeed, I have no desire for pecuniary advantage from the prescriptions of which he deprecates the loss. I am even happy in witnessing the prosperity of a respectable dispensing druggist. The public will scarcely thank *Veritas* for his display of zeal on their behalf, but, with a learned judge of late, will still assert (in spite of prohibition,) the right of private judgment in matters of medicine.

Though *Medical Protection Societies* and *National Associations* sink into nothingness, *Veritas* may yet take courage if, leaving political disputation and prejudices against his imaginary foes—the druggists and their patrons,—he pursue steadily his strictly professional avocations; for the public will properly appreciate his legitimate labours, and show him that the practitioner who wins confidence will never lack patients.

I am, Sir,

Your obedient servant,

November 17, 1846.

Z.

DR. SHORT'S CASE OF EPILEPSY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the last number of the *Provincial Medical and Surgical Journal*, there is a report from the Sheffield Medical Society, in which it is stated on the authority of the "late Mr. Staniforth and the late Dr. Younge," that Dr. Shortt, of Edinburgh, had published fabricated cases of epilepsy. No one who really had known the late Dr. Shortt would ever have given credence to such a statement, and as I knew him intimately for many years, I do not think I am obtrusive in entirely discrediting the report of his fabrication. No man was more honest and straightforward than the late Dr. Shortt, no man more full of integrity and honour, and my confidence in this urges me to protest against the statement alluded to going forth uncontradicted. I, for one, who was intimately acquainted with this talented physician, utterly and entirely disbelieve that in his life he from any motive ever reported a fabricated case.

Your obedient servant,

ARCHD. W. COCKBURN.

Ross, Herefordshire,

November 20, 1846.

[The late Dr. Shortt, of Edinburgh, the friend of our correspondent, can scarcely be the Dr. Short alluded to in the report of the Sheffield Medical Society; but as the mistake might be made by others, we have thought it desirable to insert the letter.]

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, Nov. 20, 1846:—J. D. Ward; W. H. Boutflower; E. Paley; J. Jones; W. Hall.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiate, Thursday, Nov. 12th:—Thomas Tyrwhitt Whitechurch Bennett, London; George Fort Fox, Temple Coombe; James Johnston Brown, London; Edwin Cotton Cottingham, Kent; Robert Thomas Lodge, Liverpool.

A METEOROLOGICAL JOURNAL

FOR OCTOBER, 1846.

Kept at Uckfield, Sussex,

By C. L. PRINCE, Esq., Surgeon.

Mean Temperature	52.64 degrees.
Maximum ditto 1st .	67. . .
Minimum ditto 24th .	33. . .
Range	34. . .
Mean daily Range	11.19 . .
Maximum in the Sun 3rd .	85. . .
Minimum on the Grass 24th .	29. . .
Extreme Range	56. . .
Mean Dew point	47.32 . .
Mean Pressure	29.67 inches.
Maximum ditto 27th .	30.22 . .
Minimum ditto 15th .	29.03 . .
Range	1.19 . .
Depth of rain	5.53 . .
Evaporation	1.30 . .

Prevailing Wind, South-west.

MEDICAL INTELLIGENCE.

On Monday, the 16th instant, John Deakin Heaton, M.D., was elected Physician to the House of Recovery at Leeds, in the place of Dr. Wilson, resigned.

BOOKS RECEIVED.

The Pathological Anatomy of the Human Body. By Julius Vogel, M.D., Professor of Clinical Medicine at the University of Giessen. Translated from the German, with Additions, by George E. Day, M.A., and L.M., Cantab., Member of the Royal College of Physicians, &c. London: Bailliere. 1847. 8vo., pp. 587. Plates.

The Microscopic Anatomy of the Human Body, in Health and Disease. By Arthur Hill Hassall, M.R.C.S., F.L.S., &c. Part IV. London: Highley. 8vo.

A Manual of Materia Medica and Therapeutics, &c. By J. Forbes Royle, M.D., F.R.S., &c., Professor of Materia Medica and Therapeutics, at King's College, London. London: Churchill. 1847. Fcap. 8vo., pp. 716; with numerous Illustrations.

Observations on Hydropathy; with an Account of the Principal Cold-Water Establishments of Germany. By J. Stevenson Bushnan, M.D., Fellow of the Royal College of Physicians of Edinburgh. London: Churchill, 1846. 12mo., pp. 177.

TO CORRESPONDENTS.

Communications have been received from Mr. Banks; Mr. W. F. Morgan; Dr. Branson; Dr. C. H. Orpen; Mr. C. T. Edwards; Mr. C. B. Rose; a Member of the Association; Dr. Oke.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princeps Street, Soho.

JUST PUBLISHED, VOL. II., NEW SERIES.

THE TRANSACTIONS OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO; SHERWOOD, GILBERT, AND PIPER, PATERNOSTER ROW;
AND DEIGHTON, WORCESTER.

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- II.—Retrospect of Anatomy and Physiology, for the year 1843-4; delivered at the Twelfth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Northampton, on Wednesday and Thursday, August 7th and 8th, 1844. By WILLIAM BUDD, M.D., Edin., Physician to St. Peter's Hospital, Bristol.
- III.—The Varieties, Causes, Pathology, and Treatment, of the Inflammatory Affections of the Retina. By EDWARD OCTAVIUS HOCKEN, M.D., Physician to the Blenheim Street Infirmary and Free Dispensary, &c.
- IV.—An Essay, Literary and Practical, on Inversio Uteri. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c. (*With Plates and Wood-Cuts.*)
- V.—Case of Congenital Malformation of the Urinary Organs; read at the Anniversary Meeting of the "Provincial Medical and Surgical Association," at Northampton, Thursday, August 8th, 1844. By HENRY GILES, Esq. (*With a Plate*)

VOL. II.

- I.—The Retrospective Address, delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

ALSO MAY BE HAD,

Vols. I to 12, (Old Series,) can be had at the Publishers, they having now procured a few copies of Vols. 4 and 10, for Gentlemen who are desirous of completing their sets.

THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

IN accordance with a Resolution adopted at a General Meeting of the Members of the Institute, held at the HANOVER SQUARE ROOMS, on the 12th day of AUGUST last, the Special Committee appointed to conduct the Election of a Council hereby give notice, that the following gentlemen were appointed Trustees and Treasurers at the aforesaid Meeting:—

TRUSTEES.

THOMAS DAVIS, Esq.
JAMES CLAYTON, Esq.

TREASURERS.

JOHN DODD, Esq.
EDWARD TEGART, Esq.

And that—"The Scrutineers having examined the Balloting Papers for the Election of Council, received up to the period fixed (October 31st, 1846,) report the result of the Ballot to be as follows:—

COUNCIL.

METROPOLITAN.

ANCELL, HENRY, Esq.
BIRD, JAMES, Esq.
BOWLING, JOHN, Esq.
CLAYTON, JAMES, Esq.
CLIFTON, NATHANIEL, Esq.
COOKE, WILLIAM, Esq.
DALE, GEORGE THOMAS, Esq.
DAVIS THOMAS, Esq.
DODD, JOHN, Esq.
FULLER, H. P., Esq.
HARDWICK, ALFRED, Esq.
HADLAND, EDWARD, Esq.
LAVIES, JOHN, Esq.
MERRIMAN, J., Esq.
MOORE, EDWARD DUKE, Esq.
NUSSEY, JOHN, Esq.
PENNINGTON, ROBERT RAINEY, Esq.
PROPERT, JOHN, Esq.
RANDALL, ALFRED M., Esq.
SMITH, JOHN SIM, Esq.
SQUIBB, GEORGE JAMES, Esq.
SUTTON, JOHN, Esq.
TEGART, EDWARD, Esq.
WEBSTER, GEORGE, Esq.

PROVINCIAL.

ALLISON, WILLIAM, Esq., East Retford.
BARKER, T. HERBERT, Esq., Bedford.
BEDINGFIELD, JAMES, Esq., Stowmarket.
BRYAN, JOHN M., Esq., Northampton.
BURNETT, CHARLES MONTFORD, Esq., Alton, Hants.
COLTHURST, JOHN, Esq., Clifton.
COWARD, WILLIAM, Esq., South Shields.
DALRYMPLE, DONALD, Esq., Norwich.
DICKINSON, WILLIAM F. D., Esq., Ulverton.
HUGHES, RICHARD, Esq., Stafford.
HUNT, RICHARD THOMAS, Esq., Ridgefield, Manchester.
HURST, ISAAC, Esq., Bedford.
KEELE, JOHN RUSHWORTH, Esq., Southampton.
LOWE, RICHARD, Esq., Bristol.
MARTIN, THOMAS, Esq., Reigate.
MORLEY, HENRY, Esq., Medhurst.
PAGET, THOMAS, Esq., Leicester.
ROGERSON, GEORGE, Esq., Liverpool.
SEABROOK, BREWSTER THOMAS, Esq., Brighton.
SCALE, GEORGE JOHN, Esq., Landport, Portsea.
STEDMAN, JAMES, Esq., Guildford.
SLEIGHT, ROBERT PEASEGOOD, Esq., Hull.
THOMPSON, JOSEPH, Esq., Nottingham.
WARNER, THOMAS, Esq., Cirencester.

GEORGE ROBINS,
EDWARD JOSEPH,
EDWARD THOMAS COMPLIN, } Scrutineers."

NOTICE IS HEREBY GIVEN, that a Meeting of the Council is appointed to take place on WEDNESDAY, the 2nd day of DECEMBER next, at the Offices of the Institute, 294, Regent Street, to adopt the necessary measures for the election of a PRESIDENT and three VICE-PRESIDENTS, and for the transaction of other business.

The National Institute of Medicine, Surgery, and Midwifery, consists at present of 1350 Members, and the Subscription is One Guinea per annum.

OBJECTS OF THE INSTITUTE.

The principal objects of the Institute are to maintain an effective organization of the GENERAL PRACTITIONERS;—to expose, discourage, and suppress, by Registration, and every other practicable means, illegal and unqualified practice;—to employ all legitimate means for the purpose of urging upon the Government and the Legislature, the claims of the General Practitioners of this country to corporate rights;—to promote a high standard of education and qualification, with a satisfactory test by efficient examination for every individual authorized by law to practice Medicine, Surgery, and Midwifery;—and to form, irrespective of the *Special Colleges*, an Institution comprising within itself the entire range of medical and surgical knowledge.

By the constitution of the Institute, ONE-THIRD of the existing Council will go out of office in August, 1847.

In accordance with the Resolution of the last General Meeting of Members of the NATIONAL ASSOCIATION, "That henceforward the interests of the National Association of General Practitioners be entrusted to the Council of the National Institute of Medicine, Surgery, and Midwifery—their principles and objects being identical."—Notice is hereby further given,—that although the Transactions and Documents issued by the Institute can in future only be furnished to the members of the Institute, the Council are empowered to communicate with the Members of the National Association, and to call them together, in the event of any great professional emergency.

Members of the profession can obtain information and enrol themselves as members of the Institute, on application at the office, 294, Regent Street.

It is requested that Post-Office Orders be made payable at the Branch Post-Office, Old Cavendish Street; to one of the Treasurers, JOHN DODD, Esq., Portman Street, Portman Square; or EDWARD TEGART, Esq., Pall Mall, and that the gentleman who is to receive the amount be mentioned in the letter of advice.

By order of the Special Committee.

GEORGE ROSS,

Secretary pro tem.

November 18th, 1846.

Printed and Published (for the Proprietors) by ANNE DRINGTON, Printer, residing at 53, High Street, in the Parish of St. Swithin, in the city of Worcester, at the office of the Provincial Medical and Surgical Journal, situate in The Avenue, The Cross, in the Parish of St. Nicholas, in the said city, and published by the said ANNE DRINGTON, at her Residence aforesaid,
WEDNESDAY, NOVEMBER 25, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY
ROBERT J. N. STREETEN, M.D.

1846.
No. 66, Vol. III.]

WEDNESDAY, DECEMBER 2, 1846.

PRICE FIVEPENCE
STAMPED.

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THE PHARMACEUTICAL JOURNAL for DECEMBER 1,

Edited by JACOB BELL.

Contents: Pharmaceutical Education—Late Hours of Business—Application of the Daguerreotype Process to the Arts (with a Cut)—Melambo Bark—Breeding and Rearing Leeches in Scinde—Purification of Cobalt from Zaffre—Concentration of Commercial Nitric Acid—Xyloridine and Gun-Cotton—Amorphous Quinine: Specification of Patent—Composition of Farinaceous Foods—Ancient Chemical Symbols—Soaps—Aloes—Aloetine—Artificial Ultramarine—Prosecution by the Excise—Reviews, &c. Price 1s.

Published by John Churchill, Princes Street, Leicester Square; MacLachlan and Stewart, Edinburgh; and Fannin and Co., Dublin.

Just published, 8vo., cloth, 7s. 6d., Second Edition,

ON THE TONGUE is FUNCTIONAL DERANGEMENT OF THE STOMACH AND BOWELS, with the appropriate Treatment. By E. WILLIAMS, M.D., Cantab., Senior Physician to the Essex and Colchester Hospital.

London: Simpkin, Marshall, and Co.

EDWARD COCK, ESQ., F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

AT a MEETING held on FRIDAY, the 9th of OCTOBER, 1846.

G. H. BARLOW, M.D., in the Chair,

It was resolved unanimously:—

I.—That this Meeting, deeply impressed with the zeal, ability, and courtesy, uniformly displayed by Mr. EDWARD COCK, as a Teacher of Anatomy at Guy's Hospital, for a period of more than twenty years, desire upon his retirement from the Anatomical Chair, to record their sense of gratitude and esteem, by presenting him with a suitable testimonial.

II.—That a Committee be formed to carry out the above object.

III.—That no subscription shall exceed One Guinea.

HONORARY SECRETARIES,

To whom all communications may be addressed.

JOHN BIRKETT, Esq., F.R.C.S.,
2, Broad Street Buildings.

EDWARD BENTLEY, M.D.,
35, Trinity Square, Southwark.

* * * For the convenience of gentlemen resident in the Country it is notified that a Post Office Order may be made payable to either of the Honorary Secretaries, or the amount remitted to the Bankers, Messrs. Brown, Janson, and Co., Abchurch Lane.

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TO WHICH THE ATTENTION OF THE

PROVINCIAL

MEDICAL AND SURGICAL ASSOCIATION

IS DIRECTED.

1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmaries, or Dispensaries, or of private practice.

2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fifteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Woodcuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A NEW AND EASY METHOD OF PASSING A LIGATURE AROUND POLYPOUS GROWTHS FROM THE UTERUS.

By W. S. Oke, M.D., Physician to the Royal South
Hants Infirmary.

It is, I believe, generally admitted, that the ligature is the safest and most effectual remedy for the removal of uterine polypi. It must, at the same time, be confessed, that the ligature is more tardy in its operation than the knife or scissors, and that its application is occasionally attended with considerable difficulty, either from the position or size of the polypous growth. Such a difficulty causes, of course, great delay in the operation, and sometimes exposes the surgeon to the hazard of being considered unskilful, whilst, in reality, no blame whatever attaches to any want of skill on his part, but to a defect, either in the instruments employed, or in the manner of their being applied. To remedy such a defect, and to improve the method of application, is the object of this paper.

It has so happened, that during the present year I have met with no less than five cases of uterine polypi, three of which were treated with the ligature, one was removed by excision, and one has not admitted of any surgical treatment, on account of its being associated with organic disease of the right ovary.

To one of the cases treated with the ligature I was called in, by Mr. Warrick, of Tredbridge, in this county. This patient (about 45 years of age,) had been many years drained by profuse uterine discharge, which had greatly reduced her strength and blanched her countenance; and it was not till she consulted Mr. Warrick, that a polypus was discovered to be the cause of the symptoms; but as the growth was found to be for the most part within the cavity of the uterus he deemed it impracticable to remove it. Upon examining the polypus myself, I agreed in that opinion, and therefore we decided to postpone any endeavour to remove it till it had descended further into the vagina.

After a few months we visited her again in consultation, and having ascertained that the polypus had descended sufficiently low to admit of an attempt to pass a ligature around its neck, we at once decided on the operation by means of a curved rod and Sir Charles Clarke's straight canula, which I had been accustomed to use in such cases. The polypus was the size of a large pear, had rather a thick stem, and, being attached to the internal and anterior surface of the neck of the uterus, it lay diagonally across the vagina with its inferior bulbous end in the hollow of the sacrum. This position rendered the application of the ligature in the usual

way extremely difficult, as the rod was not sufficiently long to carry the ligature over the body of the polypus. Several attempts were made by each of us in vain, till Mr. Warrick, recollecting that he had a male catheter with him, thought that by the larger curve of that instrument he might probably succeed. Suffice it to say, it did succeed admirably, and the polypus was effectually tied.

I have thought fit to state this case somewhat in detail, to show how a difficulty, occurring many miles from home in the depth of the country, and apparently insuperable, may be sometimes, by a little reflection, easily overcome; and also to impute to the success of this instrument whatever improvement may be allowed to the mode of passing the ligature hereinafter to be described.

The instruments that have been employed hitherto for the removal of uterine polypi by ligature, are:—

First. The double canula, with a silver wire noose.

Second. Levret's instrument, consisting of two silver canulæ, "which are curved in such a manner, and so united by a joint, that they are shaped like a pair of forceps. After introducing a ligature through the two tubes, so that its ends hang out of their lower apertures, the instrument is to be shut and passed upwards into the vagina over the polypus, on whichever side seems most convenient; then it is to be opened, and the polypus is to be pushed through the two branches of the instrument, which is to be brought over to the opposite side of the tumour. In doing this the ligature becomes applied round the root of the polypus and forms a noose. The extremities of the ligature are next drawn as tightly as possible out of the lower openings of the canulæ, and tied first in a surgical and then in a slip knot; the instrument is then shut and the ligature constricts the root of the polypus."

—*Cooper's Dictionary of Practical Surgery.*

Third. An instrument, described by Nissen, "de polypis uteri." It consists of two silver canulæ equal in size, somewhat curved, and twelve inches in length. Through each of the canulæ a strong ligature is to be passed, the ends of which are to hang out of the lower apertures, and its middle portion to form a noose between the upper apertures of the instrument. The tubes, being kept together, are to be introduced into the vagina as far as the root of the polypus; and whilst one is held fast, the other is to be carried round the tumour, till it rejoins its fellow. The ligature is thus made to encircle the root of the polypus; and, having ascertained that it is properly placed, the two tubes are united by sliding the short canulæ over them, one of which is carried by the finger or by a

forked wire to their distal, the other, having a ring at either side, is fixed upon their proximate ends; the ligature, having of course been drawn through the short canulæ previously to their application, is now tightened and made fast upon the rings.

Fourth. A curved metal rod, and a straight canula, employed by Sir Charles Mansfield Clarke. The rod is shut into a wooden handle, and by means of a spring stop, to regulate the length of the rod, the instrument ranges from eight inches to eleven inches and a half. The canula is seven inches long, the upper end of which, for about four inches, is of the size of a large goose-quill; at its lower end it is stouter, and consists of a fine screw, adapted to pass through a female screw in the centre of a circular box-shield, two inches and a half in diameter, for the purpose of regulating the length of the canula, and of preventing any mischief to the uterus or vagina by the upper end of the instrument. The rod carries the ligature round the root of the polypus; and, both ends of the silk having been drawn through the canula, by means of a long piece of wire hooked at the end, the tube is directed by it to the root of the polypus, when the ligature is tightened and made fast to two rings at the foot of the canula.

Fifth. Three straight slender rods, used by the late Dr. Gooch. They are all of the same length, eight inches, and of the size of a common knitting-needle. Two are perforated at the upper end; the third has a small ring projecting obliquely from its upper, and a short transverse wire across its lower end. The perforated rods are for the purpose of carrying the ligature round the stem of the polypus, and having done so, they are brought together in a parallel position, and, with the ligature, threaded through the ring of the third rod, which is then pushed up to the stem of the polypus. The two first rods being withdrawn, the ligature is tightened and made secure to the cross wire.

Many of these instruments display great ingenuity, and deserve much praise, especially the double canula of Nissen; Sir Charles Clarke's canula, with its shield; and Gooch's fastening rod; and, in the generality of cases, with attention and a little patience, they answer the purpose; but still, in my judgment there is room for improvement, and I would propose the following alterations:—

The instruments are to consist of three metal tubes, two of which are to be of the length, shape, and size of a No. 8 male catheter, except that their sides are to be flattened, and that there be no rings at their lower ends. The curved extremities are to be rounded, each having an orifice in the centre, with smooth edges, and large enough to admit a strong ligature. The third is a stouter tube of the same diameter, eight inches in length, and straight to within an inch of its upper end, which is to be slightly bent and bulbed. A short transverse bar is to cross its lower end, at about an inch from the extremity.

Position of the patient.—Nothing conduces more to the facile use of instruments than a proper position of the patient. She is to be placed on her left side upon a mattress, with her trunk lying transversely across the long diameter of the bedstead, and her ischia upon its edge; the femora are to be well flexed, and the knees half bent and kept separate by a pad or small pillow.

Mode of application.—The two curved canulæ, containing a well-oiled ligature, and exactly fitted together

at their flat sides, are to be introduced into the vagina, with the concave surface to the pubes, their curved ends being directed to the anterior part of the stem of the polypus by the forefinger of the left hand. An assistant takes charge of the left tube, and the ligature being reflected and held between his finger and the canula, he keeps the instrument fixed in its position by pressing it steadily against the arch of the pubes. The right canula, with the ligature lying loose in the tube, is carried round the stem of the polypus, and brought again into position under the arch of the pubes at the *left* side of its fellow. The canulæ are now to be cautiously withdrawn, by depressing their handles towards the abdomen, and as their points are quitting the vagina, the ligature is to be caught between the finger and thumb, and held tense till the canulæ are completely clear of it; it is then by means of a hooked wire, to be drawn through the third tube at its bulb end, which it guides to the root of the polypus. Having ascertained that no part of the os uteri is included within the noose, and the bulb of the tube being turned to the polypus, the ligature is tightened and secured upon the cross at the foot of the instrument.

The advantages of this method of tying uterine polypi are—*first*, that it establishes a fixed point for the ligature, close to the os uteri, and which was scarcely attainable by any former method on account of the unsteadiness and mucosity of the surface of the polypus. *Second*, the length and curve of the canulæ, by which the ligature can readily be slipped round the root of the polypus by the second canula, from the fixed point established by the first. *Third*, the curves of the canulæ taking the course of the pelvic outlet, gives a freedom to the operation, of which, by the means hitherto employed, it has been comparatively deprived. And, *lastly*, there is also an advantage in the bend and bulb of the third tube; the former allows a direct action to the ligature, the latter prevents in great measure, all danger of the uterus or vagina being injured by any incautious movement of the patient.

I shall request the favour of Mr. Weiss to manufacture these instruments, in order that they may be put upon their trial; and I shall feel obliged by a report of their action from any of my professional brethren who may think fit to try them.

Mr. Weiss manufactured the "arch-tourniquet," published by me in the *Provincial Journal* for November 25, 1843, page 151, and I am happy to learn that it has been found to answer its purpose well.

Southampton, Nov. 21, 1846.

TABLE OF CASES OF CHOREA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—In answer to one of the questions proposed by "A Member," in the last week's Journal, I beg to send the following table, which was drawn up about a year ago. I trust some further information on this interesting subject may be elicited.

I am, Sir, your obedient servant,
FERGUSON BRANSON, M.D.

Physician to the Sheffield General Infirmary.
Sheffield, Nov. 19, 1846.

TABLE OF CASES OF CHOREA.

No.	Male.	Female.	Age.	Duration of Chorea.	Disease of the Heart.	Treatment.	Result.
1	—	1	4½	6 weeks.	None.	Purgatives and carbonate of iron.	Cured.
2	—	1	11	8 weeks.	None.	Purgatives and carbonate of iron.	Cured.
3	—	1	9	11 weeks.	Mitral regurgitation.	Purgatives and carbonate of iron.	Bruit persistent.
4	—	1	7	7 weeks.	None.	Purgatives and carbonate of iron.	Cured.
5	—	1	7	11 days.	Mitral regurgitation.	Leeches, hydrargyrum cum creta, and Dover's powder.	Cured.
6	—	1	4	Unknown.	None.	Purgatives.	Unknown.
7	—	1	14	8 weeks.	Mitral regurgitation, and pericarditis.	Purgatives, carbonate of iron, sulphate of zinc, leeches, blisters, calomel and opium.	Bruit persistent.
8	—	1	11	6 weeks.	Mitral regurgitation, originating in a previous attack of chorea.	Carbonate of iron.	Bruit persistent.
9	—	1	17	6 months.	None.	Purgatives and arsenic.	Cured.
*10	—	1	8	6 weeks.	Mitral regurgitation.	Leeches & calom., afterwards carb. of iron.	Cured.
11	—	1	8	4 weeks.	None.	Purgatives and carbonate of iron.	Cured.
12	1	—	12	7 weeks.	None.	Purgatives, carbonate of iron, and blisters to the spine.	Cured.
13	—	1	12	12 weeks.	None.	Sulphate of zinc, on Dr. Babington's plan; afterwards arsenic.	Cured.
14	1	—	13	6 days.	Pericarditis.	Blisters, calomel, and opium, &c.	Death.
15	—	1	14	4 weeks.	None.	Purgatives and carbonate of iron.	Cured.
16	—	1	6	4 weeks.	Mitral regurgitation.	Purgatives, leeches, and mercury; afterwards carbonate of iron.	Bruit persistent.
17	—	1	10	Unknown.	None.	Purgatives and carbonate of iron.	Unknown.
18	—	1	9	4 weeks.	None.	Purgatives and carbonate of iron.	Cured.
19	—	1	8	8 weeks.	Mitral regurgitation.	Purgatives, blisters to cardiac region; afterwards carb. of iron.	Bruit persistent.
20	1	—	44	1 year.	None.	Carbonate of iron.	Unknown.
21	—	1	8	Chorea three years previously. Unknown.	Hypertrophy of the left ventricle. Mitral regurgitation.	Digitalis, hydrosulphuret of ammonia, &c.	Death.
22	—	1	22	Chorea at 7 years of age, followed by rheumatism.	Hypertrophy and mitral regurgitation.	Digitalis.	Bruit persistent.
22	3	19					

* October 20, 1845.—The chorea returned a week ago and there exists at present a distinct mitral murmur.

CASE OF COMMUNUTED FRACTURE OF THE SKULL; LOSS OF A PORTION OF BRAIN: RECOVERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I send you the following case for insertion in your Journal, its chief interest I conceive consists in the recovery after a very large portion of brain had been lost.

I am, Sir,

Yours faithfully,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Nov. 18, 1846.

Daniel Cardoe, a boy, aged 15, on the 11th of June last, while engaged in a pit-shaft, had his skull dreadfully fractured by a brick falling upon his head, upwards of forty yards. I did not see him until twenty-one hours had elapsed from the time of the accident, and the surgeon in attendance up to that time, considering the case hopeless, had not thought it advisable to operate. I found him in a perfect state of insensibility; pulse very slow, and weak; breathing stertorous; pupils dilated, and insensible to light. Suspecting from the account I received that the only chance lay in trephining, I went prepared. On dividing the scalp I found an extensive comminuted fracture of the left parietal bone, large portions of which were driven deep into the substance of the brain, much of which, mixed with blood, was oozing from the wound. I immediately proceeded to remove the depressed portions of bone, and as much as a table-spoonful of brain (which had been broken up by the fragments of bone,) escaped. One spicula of bone was driven lengthways into the brain to a great depth, even below the level of the brain, and was only discovered by a sharp point after I considered all had been removed. A strap of plaster brought together the flaps, and the whole was covered with lint dipped in cold water. He was put to bed apparently little changed since the operation, if anything perhaps less power in the pulse. After remaining an hour I left, with directions to administer five grains of calomel if he rallied.

At 9 p.m. there was a little more power in the pulse, and the calomel was placed on the tongue, and directions left to give him cold water only.

12th. Much as yesterday; perfect insensibility; stertorous breathing; pupils dilated; pulse rather inclined to get up. Ordered spirit lotion to the head, which was directed to be shaved all over; before only sufficient hair had been taken off to make room for the operation. Tea, and milk-and-water.

13th. Pulse getting up, more full and strong. Ordered leeches to the temples, spirit lotion, and two grains of calomel every six hours.

14th. Inflammation of the brain and its membranes has evidently set in; he is very furious, constantly tossing about, and requiring several people to hold him; pupils still dilated. Ordered to lose twelve ounces of blood. Continue spirit lotion and calomel; with tea, &c.

15th. Repeat leeches, as inflammation continues as yesterday, but scarcely so much power in his pulse; the fœces pass off involuntarily; portions of brain

escape in a half ploughy state; external wound has an unhealthy appearance. Continue the calomel, and spirit lotion to the head.

16th. Much as yesterday. Continue the same treatment.

17th. His pulse to-day is better, but no sign of returning consciousness.

From this date up to the 30th, he varied, but it would be tedious to give the treatment pursued each day; suffice it to say, that from the first dawning of returning consciousness which took place on that day, he progressed most favourably; the symptoms of inflammation of the brain gradually subsided; healthy granulations sprang up; exfoliation of small portions of bone took place, and in six weeks he left his room. He is now in excellent health, with all his faculties as perfect as before the accident; his friends discover no change in him, with the exception of his having gained flesh.

CONGENITAL OCCLUSION OF THE ILEUM.

By C. B. ROSE, Esq., F.R.C.S., &c., Swaffham.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As in the course of my reading, I do not remember to have met with a case of almost complete congenital occlusion of the ileum, it is probably of rare occurrence; I therefore send you the history of such an instance, which recently occurred in my practice.

Mrs. A. was delivered of a fine male child on the 21st of September. On the second day after the birth, I was informed that nothing had passed from the infant's bowels. I examined the anus and found it open and perfect, and I prescribed a dose of castor oil. On the following day, nothing having passed, I explored the rectum with my little finger, which I readily inserted to its entire length; meeting with no obstruction, I then passed a caoutchouc female catheter, and with a syringe, endeavoured to throw up water, but it all returned as fast as thrown in. I repeated these attempts day after day, in consequence of both mother and nurse having informed me that flatus had frequently been expelled per anum. The babe for seven days sucked heartily, except at times, when it appeared to suffer pain. It almost daily threw up the food it ingurgitated; but two days, in the middle period of its life, it retained all it swallowed. It passed urine plentifully during the period of its existence, which was protracted to eleven days.

In my absence my son made a *post-mortem* examination, and furnished me with the following account:—

The body was considerably, but not excessively, emaciated; the abdomen enormously distended, and the integuments green; putrefaction had not commenced in other parts. The inspection took place about twenty hours after the death. The head and chest were not examined.—*Abdomen*: There was no extravasation into the peritoneal cavity; nor were there any appearances of peritonitis; the liver was of normal size, and of a very dark slate colour; the pancreas and spleen were healthy; the stomach was very much distended, and contained a considerable quantity of a light-yellow fluid, smelling sour, and of the consistence

of cream; duodenum not much distended, contained a fluid like that in the stomach; the jejunum and first part of the ileum enormously enlarged, and containing a great quantity of a similar fluid to that in the stomach. These parts of the intestines were very much congested, and their colour, in the first portion red, became darker, and at length black, where the immensely-distended intestine came to an abrupt termination, about half-way down the ileum; below this point the intestinal canal appeared as if its development had been arrested; the remaining portion of the ileum ran as a white cord, about the size of the stem of a tobacco-pipe, or No. 8 catheter, into the cæcum; from thence the colon proceeded about the same size to nearly its termination in the rectum; the whole of this contracted portion of intestine was pervious. The rectum possessed its normal calibre, and the anus was perfectly formed. The kidneys and supra-renal capsules were healthy.

The insertion of the above in an early number of the Journal will oblige,

Sir,

Your obedient servant,

C. B. ROSE.

SINGULAR CASE OF CALCULUS VESICÆ.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A brief record of the following rather singular case may be not uninteresting to the profession, and you will oblige me by inserting it in the Journal.

I am, Sir,

Yours faithfully,

W. F. MORGAN, F.R.C.S.

Surgeon to the Bristol Infirmary.

Park Street, Bristol, November 19, 1846.

On October 23rd, I performed the operation of lithotomy at the Infirmary, on William Prichard, aged 14. The calculus was seized immediately on the introduction of the forceps, but it proved so soft and friable, that on withdrawing them it was crushed into numerous pieces. These were removed, and the bladder was well washed out by the repeated injection of warm water. The nucleus was found to be a portion of thick fustian cloth, a square inch in size. Key's straight staff and knife were used. No untoward symptoms followed the operation; the whole of the urine flowed through the natural channel at the end of a fortnight, and the boy is now nearly well. The urine, before the operation was alkaline and turbid, and such it remained for some days afterwards, but under the administration of diluted nitric acid in the infusion of pareira, it has become of a healthy acidity and almost clear. The calculus was the size of a large walnut, and consisted chiefly of the earthy phosphates, which I believe is generally the case when it is formed on a foreign body. To this circumstance, and to the nature of the nucleus, may be attributed the giving way of the calculus when in the grasp of the forceps, which were held lightly.

The boy was employed at the British Iron Works, near Pontypool, and fourteen months before had fallen

on the end of an iron rod, which penetrated the anus to some extent, inflicting only a slight external wound, and was followed by no immediate symptoms of any moment. He says he neither passed urine by the rectum nor blood by the penis; and under the care of Mr. Tucker, surgeon to the works, he soon apparently recovered. Not long afterwards, however, he began to complain of pain and difficulty in passing water, followed by the usual symptoms of stone in the bladder, in which state he was admitted at the Infirmary. The fustian nucleus was part of his trousers, which he recognized immediately, with no little surprise. Of course it had been torn off and pushed into the bladder by the end of the iron rod, but he had not the slightest previous suspicion of such an occurrence.

Mr. Tucker, in reply to a letter of enquiry from my friend Mr. Grieg, the House-Surgeon, corroborates the lad's statement in all particulars. I may add, that there was no trace of the injury within reach of my finger.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHES BIRD, one of the Resident Medical Officers.

CASE IX.

BRONCHOCÆLE.

Mary Shelton, aged 19, screwmaker, admitted as out-patient of the Queen's Hospital, February 2nd, 1846. She states that about five or six years ago she first perceived a swelling on the neck, commencing before the first appearance of the catamenia: it has gradually increased in size ever since; the catamenia are stated to have always been regular, of full quantity, and natural colour. She is a native of Kidderminster, where she says many females have the same complaint; her sister, she thinks, is inclined to have one. The water at Kidderminster is stated to be *hard*.

Present state.—There is a large tumour situated over the thyroid cartilage; smooth, soft, and elastic; it is not painful, tender, nor discoloured. The tumour consists of two portions of unequal size, the right side being larger than the left; it measures in circumference fifteen inches and three quarters; occasions no uneasiness except by its weight, and by its causing her to talk thick. General health reported good.

Hab. Ung. Potass. Iodid. oz. j., nocti maneque adhibend. R. Tinct. Iodin., dr. j.; Liq. Potass, dr. j.; Aquæ, oz. viij. M. Capiat, oz. j., ter die.

7th. Much the same; the medicine does not cause any sickness. Continue medicine.

March 2nd. Tumour has decreased in size since she has taken medicine; it now measures fifteen inches.

April 21st. Measures now fourteen inches; she feels herself that it is smaller; general health good. Continue medicine.

June 26th. Tumour has gradually got smaller since last report; it now measures about thirteen inches. Continue medicine.

July 12th. She has not appeared at the hospital lately, so that we may presume the gland is almost reduced to its normal size.

Dr. Copland states that he has seldom met with an

instance of this disease in the female unconnected with some kind of irregularity in the catamenial discharge or disorder of the uterine functions; but in this patient, according to her own statement, there had never been any derangement or irregularity of the menses; about this I made particular enquiries.

Alibert* remarks that the right lobe is more frequently enlarged than the left, and other observers have found it constantly so. In this case both lobes were enlarged, but the right more so than the left. The scrofulous diathesis has been considered by some to give a predisposition to bronchocele, which, however, is deficient in some of the essential characters of struma. In some cases the disease appears to be hereditary, many members of a family being afflicted with this deformity; the sister of this patient is stated to have one. Dr. Crawford† knew a woman with goitre, whose grandmother, father, paternal aunt, and cousins, also had it, although they did not live in the same place, and no other person in their neighbourhood was affected with the disease. Some writers concur in the belief that it arises from insalubrity of the air, but it is more probable that it may in some measure be ascribed to the specific quality of the water imbibed. Hard water, which contains either carbonate or sulphate of lime, often appears to be the exciting cause, if we may judge from the frequency of bronchocele in the limestone districts.

The tumour of bronchocele is in general sufficiently characteristic, but it may sometimes be confounded with other affections,—with inflammation of the thyroid gland for instance. This disease may be distinguished from goitre, by the hard unyielding character of the swelling, by its being accompanied with redness of surface, increased pain and heat on pressure, and by its tendency to suppuration. Scirrhus of the gland may be diagnosed by a small portion only being affected, by its extreme hardness, by its being attended with severe lancinating pain, and by its never attaining a large size. Encysted tumours forming in the course of the trachea are known by their situation, by their compact form, and by their giving a sense of fluctuation. Aneurism of the thyroid arteries may be distinguished from bronchocele by the pulsation which accompanies the former affection, by the situation of the swelling, and by its diminishing or disappearing under firm pressure.

The internal and external exhibition of iodine, which may almost be considered a specific in cases of hypertrophied thyroid gland, proved extremely beneficial in this case; it probably acts by the stimulus which it gives to the lymphatic vessels. In cases of this disease, so successful has this remedy been in some hands, that Dr. Copland remarks, that "there has not been one which has not been either cured or remarkably relieved by it." To ensure the effect of iodine, it must be administered in small doses frequently repeated, paying due attention to the uterine secretions, for when given in large doses it has often failed to produce its specific effect.

CASE X.

STEATOMATOUS TUMOUR OF THE UPPER EYELID.

Caroline Day, aged 19, admitted as out-patient at the Queen's Hospital, March 12th, 1846, with a

* "Nosologie Naturelle," t. j., p. 465."

† "Cyclopædia of Practical Medicine."

steatomatous tumour of the upper eyelid of the left side. She states that ever since she can remember she had a swelling of the upper eyelid, which has been very gradually enlarging ever since; is not aware that she ever received a blow on the part; has always enjoyed good health.

Present state.—There is a rounded, elastic, circumscribed, moveable tumour, as large as a pigeon's egg, situated on the left upper eyelid, to the outer side of the median line; it gives an indistinct fluctuation to the finger; causes her no pain; the integument covering it is not inflamed; it can be moved pretty freely over it, causes her no inconvenience excepting its incommoding the motion of the eyelid.

March 16th. The tumour was moved this morning by Mr. Cox; a horizontal incision was made across it, and the tumor dissected out entire; it was covered by the integument and orbicularis, and was attached to the rectus externus muscle, from which it was dissected; very little hæmorrhage occurred. The edges of the wound were brought into apposition, and a pad and bandage applied. She bore the operation very well.

On cutting through the cyst of the tumour, which was very thin, and smooth on its internal surface, a quantity of semi-fluid suety matter exuded. On placing some of this under the microscope it was found to consist of numerous cells.

18th. The dressings were removed; union by the first intention had taken place in one part of the wound, the other discharges healthy pus; the conjunctiva was found to be rather inflamed from an inversion of the cilias. The eye to be well bathed in tepid water, and the eyelashes everted.

24th. Doing well; the wound considerably smaller; looks healthy; inflammation of the conjunctiva gone.

April 10th. Wound quite healed, with the exception of a small opening which leads down to the external rectus. To have it touched with argenti nitras, and a compress of lint applied.

17th Wound entirely healed. Discharged cured.

The investigations of Sir Astley Cooper prove that the greatest number of encysted tumours arise from enlargement of the follicles or glandular pores, in consequence of the obstruction of their orifice.* Beer states that the atheroma and meliceris varieties of encysted tumours of the eyelids only form on the upper eyelid, on the side towards the temple; while he has always found the steatoma either in the vicinity of one of the eyelids, or sometimes over the lachrymal sac; and he also states that he has never seen them exceed the size of a hazel nut.† In this case, however, the tumour was as large as a pigeon's egg, and was situated on the outer side. Hair, teeth, and a horny substance are sometimes found in these tumours, but this did not contain any. Mr. Liston recommends the tumour to be transfixed, and the contents pressed out; and after that the cyst to be pulled or dissected out.

The action of the external rectus muscle was not at all impaired, for she can turn the left eye-ball outwards as well as she can the right one.

CASE XI.

STRICTURE OF THE RECTUM.

Adah Harris, aged 41, housewife, married; has had eight children, four of whom are living; her labours

* "Surgical Essays," Part II., p. 232.

† "Lehre von dem Augenger," b. ii., 608.

have always been difficult, especially the last; admitted March 26th. She states that about eight years ago after her last labour she first experienced a smarting pain in the lower bowel, which was increased on defecation; this pain has caused her to be very poorly, and she has remained so ever since; the pain has sometimes been so severe that she has been obliged to sit over warm water to ease it. Bowels have always been obstinately costive, never acting without taking medicine; she has been in the habit of taking an ounce of Epsom salts every night for almost five years; is subject to piles. The stools have been for some time watery and slimy, mixed occasionally with blood. Has never been subject to cough.

Present state.—She complains of great smarting pain, which is not constant, referred to the rectum; the pain is invariably increased on going to stool; also complains of a dull pain in the lower part of the back; pain in the rectum described as sharp smarting, only present on defecation; stools liquid, slimy, "come away like water;" very slight in quantity; has a slimy discharge between the stools; complains of heat about the anus; appetite indifferent; feels low and ill; pulse feeble; tongue coated. Applic. hirud. vj. ano.

27th. Pain and heat about the anus better; bowels confined.

R. Sulph. Præcipitat., oz. ss.; Magn. Carb., dr. j.; Aq. Menth. Pip. ad Oss. M. Sumat uncian j. ter die.

30th. About the same, bowels confined without she takes the medicine. R. Sol. Magn. Carb., (Palmeri), oz. iss., ter die.

April 2nd. Bowels have not been opened to-day; feels low. R. Magn. Sulph., Ol. Ricini, utr. q. oz. j. M. Fiat injectio.

4th. Bowels open; feels better; stools still watery and slimy, mixed with a little blood.

5th. Mr. Cox examined the rectum this morning, and a stricture was discovered about two inches from the anus, of a circular form, and apparently of small extent, only admitting the end of the finger; the introduction of the finger caused some degree of pain. To have a rectum bougie, of small size, (No. 2,) introduced daily.

15th. The bougie has been introduced daily. At first the end of it only entered, and a complete entrance was not effected until to-day. The introduction causes her but little pain.

23rd. The bougies have been gradually increased in size, (No 3, 4, 5;) the stools begin to come freer and in larger quantities; feels much better in herself; the bougies have been introduced twice a day, and remain in on the average, half an hour; she now uses No 6.

26th. The introduction of the bougies gives her some pain; after their introduction she has a discharge of bloody matter mixed with mucus from the anus. To have the bougies introduced only once a day.

May 2nd. About the same; considerable discharge of bloody matter; stools come easier.

6th. Made out-patient. To have the bougie introduced twice a week.

14th. A good deal of discharge of bloody matter; stools come easier, and of larger size; defecation does not cause her much pain; general health improved.

27th. The discharge considerably lessened; the

introduction of the instruments causes less pain; the bougie (No. 6) can be easily introduced.

June 27th. Much the same; the instrument is introduced with much less difficulty; bowels pretty regular; health good; on examination there appears to be considerable thickening of the mucous membrane of the rectum.

This kind of stricture, which is not a malignant affection, is chiefly observed in women, especially in those who have born many children, and in a majority of cases, as in the present instance, it has begun some time after a difficult labour.

Dr. Colles* is confident that a perfect cure of an organic stricture of the rectum has not yet been accomplished by any plan of treatment, and that the treatment by the introduction of bougies is only palliative. Bougies should not be employed where the stricture is beyond the reach of the finger, their introduction being by no means safe nor efficacious in such cases.

This kind of stricture is to be distinguished from cancer of the rectum by the absence of the leaden sallow-cast of countenance peculiar to malignant disease, and also by the absence of the lancinating pains which dart through the hips and pelvis into the groins and down the thighs and legs. It is very improbable, considering the length of time the stricture has existed, that a permanent cure will ever be accomplished, as there is very considerable thickening of the mucous membrane present, the result of chronic inflammation.

* "Dublin Hospital Reports," Vol. v.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 2, 1846.

The information afforded by the Annual and Quarterly reports of the Registrar-General, on the great mortality prevailing among children in certain districts, was alluded to last week. There is one point connected with this mortality more especially interesting to the medical practitioner, which we feel called upon to notice. It is the number of helpless infants, who, from the neglect, perhaps also the inability, of the parents to procure medical attendance, are either suffered to die altogether without aid, or fall victims to opiate and other powerful drugs, administered empirically by the parents themselves or other incompetent persons.

In the remarks of some of the registrars we find these facts strongly set forth.

The Registrar of Heaton Norris, Stockport, says:—"Of the 120 persons, 53 were children of one year and under; and of these deaths of infants the causes were certified by a medical attendant in only 28 cases. It is to be feared that many at this age are lost for want of medical assistance, and care of the mother, who is soon obliged to leave her child in other hands, and go forth to engage in

constant and unwholesome toil. The child sickens, and is soothed by opiates."

The Registrar of Hulme, in Chorlton District, near Manchester, observes.—"When we take into consideration that the infants of the poor are, many of them, fed upon innutritious and improper food, and a large portion of them in this district are constantly drugged with narcotics, such as Godfrey's cordial, paregoric, and mis-called infants' preservatives, inducing a morbid and congested state of the primæ viæ; that they live in unhealthy localities; in ill or non-ventilated dwellings, surrounded by an atmosphere pregnant with noxious exhalations, we cease, in some degree, to be surprised (these remote and predisposing causes existing,) that, when an epidemic, affecting the abdominal viscera prevails, it should prove so extensively fatal, and more particularly when these poor infants, many of them, have not had the advantage of judicious medical treatment, consequently no chance of recovery. During the last quarter there have been registered very few deaths of children of the higher class of society, caused by bowel complaints, they being in a great measure exempt from the predisposing causes before enumerated, and having had the advantage of proper medical assistance. The 298 deaths certified, include many that have been seen only once or twice by regular practitioners, having been previously attended by druggists. Deaths not certified, 88, include those where it has not been convenient to get a medical certificate, and those who have not had attendance during the latter weeks of their illness. Deaths not certified, where there has been no proper medical aid, 93, include those that have been attended by druggists, or have had no medical assistance whatever."

The Registrar of Deansgate, Manchester, remarks.—"Of the 279 children, the deaths of only 126 were certified, so that 153 died without any proper medical assistance having been procured for them, and of the certified cases a large number were stated in the medical certificates to have been in a hopeless state, having been ill several days or weeks, before medical assistance was sought. The chief cause of mortality has been diarrhœa, and this of a very controllable character when taken early. Here we have 153 children dying in one district alone in one quarter, without any reasonable attempt having been made to save them, and if the deferred cases were added, the number would probably not fall short of 200."

These observations are very properly referred to in an especial manner in the body of the return. "How pitiful," says the reporter, "is the condition of many thousands of children born in this world. Here, in the most advanced nation of Europe—in one of the largest towns of England—in the midst of a population unmatched for its energy, industry, manufacturing skill—in Manchester, the centre of a victorious agitation for commercial freedom—

aspiring to literary culture—where Percival wrote and Dalton lived—thirteen thousand three hundred and sixty two children perished in seven years over and above the mortality natural to mankind. These 'little children,' brought up in unclean dwellings, and impure streets—were left alone long days by their mothers, to breathe the subtle sickly vapors—soothed by opium, and a more 'cursed' distillation than 'hebenon'—and when assailed by mortal diseases, their stomachs torn, their bodies convulsed, their brains bewildered, left to die without medical aid,—which, like Hope, should 'come to all,'—the skilled medical man never being called in at all, or only summoned to witness the death, and sanction the funeral."

There are two facts, as it appears to us, prominently established by these returns—first, the unfavourable influence of the neglect of all remedial measures; and, secondly, that of indiscriminate drugging by incompetent persons. Very few deaths of children of the higher classes of society caused by the epidemic bowel complaints of the last quarter, were, it appears, registered in the Chorlton district; yet these seem to have been the chief cause of infant mortality. The children of the class referred to, have very generally the advantage of *proper medical assistance*. They are not left entirely to the *vis medicatrix naturæ*, as is too often the case with the children of the poorer classes, and the advocates of the purely expectant system of medicine who are so desirous of gaining an insight into the natural history of disease, and of philosophically watching its progress, unchecked by interference with the so-called remedial power of nature, may surely here derive a lesson of what judicious medication can do, and what the neglect of it inevitably leads to. On the other hand the fearful effects of empirical drugging by incompetent persons so generally pursued with the children of the poor, are but too manifest; and difficult as the question may be to afford due protection to the ignorant, and especially to helpless infants and children, against the murderous system of quackery with which this country is overwhelmed, without interfering with the social and personal liberty of the subject, the veriest Malthusian, with such facts, staring him in the face, cannot but admit the evil, and that it is one which loudly calls for remedy.

A Manual of Materia Medica and Therapeutics; including the Preparations of the Pharmacopœias of London, Edinburgh, and Dublin, with many new Medicines. By J. FORBES ROYLE, M.D., F.R.S., &c., Professor of Materia Medica and Therapeutics, King's College, London. London, 1846. Fcap. 8vo. p.p., 716. Numerous Illustrations.

The reputation of Dr. Forbes Royle both as a naturalist and as an enquirer into the properties of

medicines during his residence in India, originally led to his appointment to the chair which he now fills in the Metropolitan University, and his qualifications, whether scientific or literary, for such a work as the one here produced, are of no ordinary character. We rejoice that Mr. Churchill, in bringing out another of his excellent series of manuals, so admirably suited to the requirements of the student, has been able to induce Professor Royle to be its author.

The subject is treated of under the several heads of—Operations of Pharmacy; Pharmaceutical Chemistry; Mineral Materia Medica; Vegetable Materia Medica; Medicinal Plants; Products of Fermentation; Animal Materia Medica; and Physiological and Therapeutical Arrangement of the Materia Medica. In the classification of medicines under the three heads of mineral, vegetable, and animal, a natural arrangement is adopted; those belonging to the vegetable kingdom are classed according to the system of De Candolle, from Ranunculaceæ to Fungi; those derived from the animal kingdom in the inverse progression, from Porifera to Mammalia.

It is a matter of little moment from which end of the scale such an arrangement is commenced; but whether in relation to science or to utility, it is of vast importance that a natural arrangement of some kind should be followed. The alphabetical system in these days of changing nomenclature is no longer applicable, and under no circumstances could do more than facilitate reference,—an object which a carefully constructed index attains with equal advantage. Perhaps for a systematic work on therapeutic agents, an arrangement based on the medicinal qualities of the substances treated of would be the best, could such an arrangement be attained; but when we find these varying indefinitely, according to the dose in which they are given, to the age of the patient, the state of the constitution, the phases of disease, so that the same individual substance is not unfrequently found fulfilling different and even opposing indications, we cannot but see that some less variable system of classifying medicinal agents for the purposes of studying their properties becomes necessary.

The author of the Manual has well accomplished this object, in taking natural history as his guide, by which agents of analogous properties are brought into juxtaposition; while in the concluding section of the work, the brief summary of physiological and therapeutic qualities supplies the necessary information on this head.

As specimens of the general manner of treating the subject, we select the notices given of some of the new medicines not yet received into the Pharmacopœias.

Among these are certain preparations of gold, as the powder, *PULVIS AURI*, gold-leaf, rubbed up with honey, or sulphate of potash, and then washed with water, which leaves it in the state of a fine powder, of

a brown colour. This has been found by MM. Chretien and Lallemand of considerable benefit in syphilitic diseases, and in different affections of the lymphatics; the dose is from a quarter of a grain to a grain two or three times a day; or it may be applied in friction on the tongue.

The deutoxide, and the perchloride of gold, and the chloride of gold and sodium, are other preparations of the metal. The following is the account given of two of these preparations:—

"**PERCHLORIDE OF GOLD**, formed when gold is dissolved in nitro-muriatic acid, is very liable to decomposition. In action and virulence it is analogous to corrosive sublimate. It readily combines with other metallic chlorides, whence is obtained the **CHLORIDE OF GOLD AND SODIUM**, which is now usually employed instead of the foregoing, as being more permanent in character, and less costly. It is in elongated crystals, of a deep yellow colour, not alterable in the air, soluble in water. Composed of Chloride of Gold, 693 + Chloride of Sodium, 14.1 + Aq. 16.6 = 100. It is the most to be depended on of these preparations. It may be prescribed in pill with liquorice powder, or starch, or in solution. One mode of administering it is to divide the first grain into fifteen parts, the second into fourteen, then into twelve, ten, and so on, giving one of the fractional parts every morning. It has been given in quarter, and also half-grain doses; or it may be applied by friction to the tongue mixed with three times its weight of Iris-root powder.—(See *Dict. Univ. de Matière Medicale* of Merat and de Lens, for a full article on this subject.)"

Among the new preparations of iron described and noticed, are the ammonio-tartrate, now for some time prepared as a substitute for the potassio-tartrate; the citrate; the ammonio-citrate; various combinations of the citrate with zinc, soda, potash, magnesia, and quinine; the lactate, and the malate of the protoxide. The following mode of exhibiting the citrate of iron is worthy of attention:—

"**AQUA CHALYBEATA**. One of the most elegant and agreeable forms which has yet been proposed for the exhibition of iron is an effervescing solution of citrate of iron flavoured with orange-peel, called *Aqua Chalybeata* by Messrs. Bewley and Evans, and for which the name of Chalybeate Champagne has been proposed. It has been examined and reported upon by Dr. Ure and by Mr. Brande. It consists of a solution of citrate of iron highly charged with carbonic acid gas, and flavoured with orange-peel. It is sent out in six-ounce bottles, which afford on analysis gr. vij. 9-10ths of peroxide of iron, corresponding to gr. xij. ss. of the citrate of iron. Two ounces, or a wine-glass full two or three times a day, forms a dose, which is grateful to the taste, and suitable to the most delicate in constitution, and to children, at the same time that it is effective as a tonic."

The subjoined notice of matico, the new vegetable styptic, will be interesting to the members of the Provincial Association, as referring to a substance first introduced and made known to the profession by one of the respected vice-presidents, and former presidents, of the Association, Dr. Jeffreys, of Liverpool:—

"MATICO is a name applied in South America and Mexico apparently to the leaves of several very different plants. Martius, in the *Phar. Central Blatt* considered it to belong to the genus *Phlomis*. Mr. Hartweg informs Dr. Lindley that 'Matico is the vernacular name applied by the inhabitants of Quito to *Eupatorium glutinosum*, or the *Chussalonga*.' He adds, 'That it is the true Matico of the inhabitants of Quito and Riobamba, I have not the smallest doubt. I have also a small quantity of powered leaves of some shrub possessing the same virtue as the Matico, collected in Bolivia, where it is known under the name of Moxo-Moxo. From bits of square stems which I find in the parcel, I suspect this to belong to some *Labiata*.' (Lindley, 'Veg. Kingd.,' p. 707.) But it is equally certain that what has been of late years imported here, and of which specimens were distributed by, and for some of which the author is indebted to, Dr. Jeffreys, of Liverpool, are the leaves, with portions of the stem and flowering spikes, of a species of *Piper*, supposed to be *Piper augustifolia*, but which is now named *Artanthe elongata*. (P. J. iii., 472 and 525, and Lindl., l. c., p. 517.)"

"The Matico was first brought into notice by Dr. Jeffreys as a styptic (*Lancet*, Jan. 7th, 1839,) in leech-bites and wounds of arteries, and has been found efficacious in many obstinate cases of bleeding, as from the nostrils, and even from the tongue. Its *under* surface, which is reticulated with veins, and covered with hairs, should be applied, as it is probably on this structure that its utility chiefly depends. Its Infusion and Tincture have also been recommended internally in affections of the urinary organs, on which, by its stimulant action, combined with a little astringency, it would appear to produce a salutary effect, as *Cubeba* are frequently known to do. Its properties, by the analysis of Mr. Morson, appear to depend chiefly on its resin and volatile oil, its aqueous extract having only a slightly bitter and astringent taste. It has also been prescribed in discharges of blood from the urethra and rectum, as well as in uterine hæmorrhage; and has been used as an injection in leucorrhæa, and as an external application to hæmorrhoidal affections, both as an ointment and as a lotion, by Mr. Young and Dr. O. Ferral, &c. The Infusion may be prepared with *Matico*, dr. iv. increased—oz. j. to *Aqua*, oz. j., and given in doses of f.oz. iss.; and the Tincture, (*Matico*, oz. iij. to *Proof Spirit*, j.) to be given in doses of dr. ss.—dr. j., two or three times a day."

From the preceding brief extracts it will be seen that this work of Professor Royle is calculated to be of service to the advanced practitioner, as well as to the student; and whether as a guide to the acquirement of a knowledge of the principles of *matéria medica* and therapeutics, or as a work for reference and occasional consultation, it is alike deserving of commendation. It would be unjust to conclude our notice, without alluding to the admirable manner in which the work is brought out. The typography and illustrations of this series of manuals are well known and appreciated; it is sufficient to say that the present is fully equal in either respect to its predecessors. The fidelity of the representations of the plants and other

objects of natural history figured, cannot but strike the eye even of the most careless observer, while the experienced naturalist will see that not only has the general character or habit of the objects been preserved, but that the details of form and structure are given with equal correctness.

An Easy Introduction to Chemistry. By GEORGE SPARKES, late Madras Civil Service. Second Edition. London. 1846. pp. 184.

The first edition of this clear and concise introduction to the objects of chemical science has been some time before the public, and was favourably noticed in the *Provincial Medical Journal*. We are glad to observe that the opinion given of its merits has been justified by the call for a second edition. The beginner will here find many of the apparent difficulties of the science removed out of his way, and that a considerable amount of interesting and useful knowledge of the elementary composition of natural bodies, and their leading chemical properties, may be attained at a trifling expense, and without encountering the formidable and threatening array of symbolic letters and characters with which modern authors have encumbered the science.

GENERAL MEDICAL ANNUITY FUND.

[We insert the subjoined circular at the request of Mr. Daniell, being fully assured, that although the proposition that the Fund should become an integral part of the Association was not acceded to at the last Anniversary Meeting, many members of the Association are much interested in the promotion of Mr. Daniell's benevolent views.]

"General Medical Annuity Office,
"Newport Pagnell, November 23rd, 1846.

"Sir,—The decision of the *Provincial Medical and Surgical Association*, at their last Annual Meeting, held at Norwich, being adverse to this Society becoming an integral part of the Association, some alterations will be necessary in the Rules and Regulations of the *General Medical Annuity Fund*. Preparatory to a general meeting of the friends and subscribers to the Fund, I am desirous of informing you of the nature and extent of the proposed alterations, and of collecting from you, your own views in the matter. The grand and comprehensive principle upon which the Fund is based will remain untouched; but all reference to our Society being connected with the *Provincial Medical and Surgical Association* will be struck out of our Rules; and it will, in future, be considered as a perfectly independent Institution.

"Northampton, as well from its central position in the kingdom, as from its being the residence of our Treasurer, Dr. Robertson, will continue our head quarters; but it is designed that the Society shall assume a migratory form, and hold occasional meetings at other places, where much local interest may

exist; and where, by holding such meetings, the interests of the Society may be advanced.

"When the period shall arrive for granting Annuities, it is proposed that a list of applicants for Annuities be transmitted to every member of the Annuity Fund, who shall record his vote or votes, as the case may be; and, having returned them to the office, the voting papers will be examined, and the successful candidates declared. This, it is presumed, will greatly enhance the welfare of the Society, and tend to secure a fair and equitable distribution of its funds.

"Whatever advantage this Society might have derived from its connection with the *Provincial Medical and Surgical Association*, it cannot but be admitted that the time of the members is so much taken up with matters especially and intimately connected with its own immediate object, that, at their Annual Meetings, attention could not be given to our affairs with that calm deliberation which the nature and object of our Society must necessarily require. I cannot, therefore, but hope that its interests and advantages will be rather augmented than otherwise, by its being announced and established as a separate and distinct society.

"The Fund is now in a working condition; the first expenses, which are usually the heaviest, have been overcome—the machinery is ready for action; and it only remains to determine by this appeal to the united energy of the Medical Profession, whether this important Institution shall flourish or not. I have already, on many occasions, exerted all the powers I possess to represent the claims which such an institution has on the general sympathy and encouragement of the profession. How loudly and imperatively it is called for, is evidenced by traces of destitution and misery amongst our unfortunate brethren in every county in the United Kingdom, and more especially amongst the widows and orphans of many once highly estimated and meritorious practitioners.

"It is the design (and we have already been promised valuable support,) to establish throughout the kingdom *Local Honorary Secretaries*, so that the principles of the Institution may be made generally known, and facilities be given for the extension of its benefits.

"We shall be happy to be favoured with your views of these proposed arrangements; and as soon as we shall have received replies from the various subscribers to the Annuity Fund, a draft of the improved Rules and Regulations will be prepared, and a special general meeting be convened at Northampton;—at which meeting we trust you will kindly give your attendance.—Waiting your reply, I have the honour to remain,

"Sir,

"Your obliged and faithful Servant,

"EDWARD DANIELL,

"Managing Director."

DR. SHORT'S CASE OF EPILEPSY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

"In the discussion which ensued, Mr. H. Jackson stated that a case of epilepsy, recorded in the *Medical Essays*, 1735, Vol. 4, p. 332, 2nd Edition, by Dr. Thomas Short, and quoted by *Fan Sieten*, Vol. 10, p. 392, as well as by later authors, was believed to be a fabrication. The late Mr.

Staniforth, sen., who knew Dr. Short, told Sir Arnold Knight, that the Doctor had told him it was drawn up to impose upon some medical men in Edinburgh, who had offended him. Mr. Jackson had heard the same statement from the late Dr. Younge, but he did not know whether he had obtained it from Mr. Staniforth, or from his father, Dr. Thomas Younge."

Sir,—A careful perusal of the above extract from the report of the Sheffield Medical Society, in your Journal of November 18th, may perhaps satisfy your correspondent at Ross, that in his zeal to defend a friend, he has made a mistake as to the person named in it, as well as in other parts of that report, which he will find by comparing it with his letter. Lest, however, the mistake should be made by others, I subjoin an account of Dr. Thomas Short, taken from *Hunter's Hallamshire* :—

"Dr. Thomas Short was a native of Scotland; he settled in Sheffield early in life, where he soon fell into considerable practice, not only in the town, but among the gentry of the surrounding country. I apprehend the date of his settlement at Sheffield may be fixed at or near 1725. In 1732 he married Miss Mary Parken, or Parkins, sister of William Parkins, of Mortomley, Esquire, by whom he had two sons and two daughters. In 1762 he lost his wife, and soon after he retired to Rotherham, where he died, November 28th, 1772, and was interred in the middle aisle of the parish Church of Sheffield."

I may add that he was a writer on meteorology, botany, mineral waters, and statistics; and a contributor to the *Philosophical Transactions* in 1731, 1740, and 1742. There are some letters from him to Dr. Richard Richardson, in the 1st Volume of Nicholl's "Illustrations of the Literary History of the 18th Century;" and the only shade which has been thrown over his character as a truthful, as well as an accomplished and scientific, physician, is the statement above mentioned, on the authority of men of veracity, anxious for the honour and credit of their profession.

I am, Sir,

Yours very respectfully,

HENRY JACKSON.

St. James's Row, Sheffield,
Nov. 25, 1846.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

On referring to Dr. Short's case of epilepsy in my copy of "*The Medical Essays*," I find the following MS. note :—

"Dr. Short told Mr. Staniforth, as Mr. Staniforth related to me, that this case was *fabricated*.—A. KNIGHT, December, 1824."

I repeatedly urged on Mr. Staniforth that it was a duty he owed to society to record this information in some of the medical journals, observing that the evidence would be much stronger coming direct from him than from any other person who, receiving it from him, might afterwards communicate it to the public, but I could never induce him to publish it. Mr. Staniforth was a man of great ability, and strict integrity, but of such a modest and retiring disposition as to have an almost insuperable objection to his name

appearing before the public, especially at his then advanced age.

I am glad the subject has been brought forward by the Sheffield Medical Society; for, observing the importance which has been attached to this case, and being convinced that it is a fabrication, I have long been anxious to have the matter explained, and believing that I possessed stronger evidence with respect to it than any other person living, I have felt that the responsibility of undeceiving the profession rested especially with me. Still I do not know that I should have written to you after the full explanation given at the Sheffield Medical Society, but for a letter I have just seen in the Journal, from Dr. Cockburn, of Ross. The courtesy due from one member of the profession to another requires that when a positive statement is made by one party it should not be contradicted by another, except after due investigation. Had Dr. Cockburn given himself the trouble to refer to Dr. Shortt's paper in "*The Medical Essays*," he would have seen that the name was spelt differently from that of Dr. Shortt; he would have seen, also, that the Dr. Shortt referred to was a physician in Sheffield, and not in Edinburgh; moreover, he would have found that Dr. Shortt's case occurred in 1720, just one hundred and twenty-six years ago! But even if Dr. Cockburn did not think it necessary to refer to Dr. Shortt's paper, he ought at least to have read with attention the statement he undertook to contradict. Had he done so, that statement alone would have told him that Dr. Shortt's case was published in 1735, one hundred and eleven years ago! and that, therefore, the Dr. Shortt spoken of at the Sheffield Medical Society could not have been the Dr. Shortt whom Dr. Cockburn had known "intimately for many years."

ARNOLD J. KNIGHT.

Liverpool, Nov. 25, 1846.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I find that I have been led into a mistake by the similarity of names, as to the individual, Dr. Shortt, who was reported at the Sheffield Medical Society as having published fabricated cases of epilepsy.

Feeling hurt at the supposed imputation on a deceased friend, I wrote to you, as Editor of the Journal, two or three days ago. Since then I have, however, by comparison of dates, discovered that the cases alluded to were published in 1752, (in the 4th edition of the *Medical Essays*), and were by a Dr. Thomas Shortt, of Sheffield. I accordingly hasten to withdraw my former letter; but as many of your readers may, like myself, neglect to look into the date of the reported cases alluded to, and attribute them to the late well-known Dr. Thomas Shortt, of Edinburgh, I am sure it will oblige all who respect his memory, if you will kindly explain that the person alluded to was a Dr. Thomas Shortt, who practised in Sheffield in 1720, and not the late Dr. Shortt, of Edinburgh.

Yours obliged,

ARCHIBALD W. COCKBURN.

P.S. As the cases were quoted by Van Swieten,

attention to his date would have prevented my mistake.

A. W. C.

Ross, Herefordshire, Nov. 23, 1846

[This letter from Dr. Cockburn was not received until after the publication of the Journal in which his former letter appeared.]

ATTACK ON THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I had much pleasure in reading the letter of your Suffolk correspondent of the 6th ult. It is an excellent reply to the charges brought against the Provincial Association. I take leave, however, to suggest to the gentleman I refer to and to your readers, the improbability of any of the members having written the note signed "*Unus Quorum*." The postscript, "I owe a guinea, but do not mean to pay it," must be a pure fiction. I cannot believe that any gentleman of our profession would so far compromise his character as to be guilty of such dishonourable (not to say dishonest,) dealing.

Without wishing to impute motives to the *Medical Times*, I would ask if the *Provincial Journal* is viewed as a rival medical hebdomadal, which must be annihilated to extend the influence and enrich the pockets of another? Such ideas are very dreamy. Let us for a moment suppose the Provincial Association to be dissolved, and it requires little foresight to predict, that the profession is prepared to re-construct another Association on a broader basis. A British Medical and Surgical Association would arise out of its dispersed but energetic elements. The present Journal must then be expanded into a *Metropolitan and Provincial Medical and Surgical Record*.

In reflecting on the growth and vigour of the Provincial Association, I cannot contemplate any approximation to decay. It defies the rude gusts of slander. Like the oak, it will only become firmer rooted after the storm.

I am, Sir,

Your obedient servant.

Southam Nov. 21, 1846.

J. P.

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Gentlemen admitted Members on Friday, November 27th, 1846:—W. Meehan; J. Newell; D. Wilson; M. Ledger; G. Baddeley; J. F. Jackson; H. H. Tribe; F. Manger; J. J. Halls; R. Graveley; J. G. Mushet.

TO CORRESPONDENTS.

Communications have been received from Dr. Chambers; *Amator versus Artis Medicina*.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

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- II.—Retrospect of Anatomy and Physiology, for the year 1843-4; delivered at the Twelfth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Northampton, on Wednesday and Thursday, August 7th and 8th, 1844. By WILLIAM BUDD, M.D., Edin., Physician to St. Peter's Hospital, Bristol.
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"The labours of those who take the lead, like Dr. J. H. Bennett and Mr. Addison, whose treatise we reviewed a month or two ago, are deserving of every encouragement."—*Lancet, October 26th, 1844.*

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WEDNESDAY, DECEMBER 2, 1846.

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1846.
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WEDNESDAY, DECEMBER 9, 1846.

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REPORT OF THE DIRECTORS
OF THE
**CLERICAL, MEDICAL, AND GENERAL LIFE
ASSURANCE SOCIETY,**

PRESENTED AT THE ANNUAL GENERAL MEETING OF PROPRIETORS, HELD
MARCH 5TH, 1846.

ON appearing before the Proprietors at this the TWENTY-FIRST ANNUAL MEETING, the Directors are much gratified in being able again to report most favourably of the progress and prosperity of the Society. In proof of this it might be sufficient to compare the accounts now submitted for the last year, ending June 30, 1845, with those of former years. Your Directors, however, desire to draw attention more particularly to the following facts—viz.

- I. That the number of New Policies issued within the past year has been **454**, and the Annual Premiums received thereon, **£9,183. 5s.**, exclusive of sums paid down in one payment.
- II. That the Income of the Society, which is still steadily increasing, now amounts to **£112,277** per annum.
- III. That the number of New Policies granted on the Lives of Clergymen within the twelve months ending June 30th last, has again exceeded the number issued in the twelve months ending June 30th, 1843, and has therefore been greater than in any preceding year, 1839 alone excepted.
- IV. That after paying **£4,551** within the last year to Annuityants, and for the purchase of Policies; and after defraying the Claims arising from Deaths, with all other outgoings and expenses, the sum of **£59,016. 18s. 10d.** has been added as a clear Surplus to the Premium or Business fund during the twelve months ending June 30th, 1845, the period embraced in this Report; which sums notwithstanding the advancing Age of the Lives previously Assured, exceeds the amount carried to the same Fund during any one year since the commencement of the Society.

It may be proper, in conclusion, to remind the Proprietors that this Office, in addition to the Business on healthy lives, ORIGINATED in 1824 the plan for granting Policies on lives more or less deviating from the healthy standard. Considering, therefore, the *long experience* which the Office has now acquired, in conjunction with the fact that one-quarter of the whole number of Policies issued have been granted on unhealthy Lives, your Directors thought that the time had arrived for a careful investigation of this part of the Society's business. That investigation has now been made: and the experience thus acquired enables them to state, that the result is decidedly favourable to the interests of the Society; while it constitutes, as they believe, the best existing data on which this branch of business may in future, with proper care, be safely and profitably conducted.

From these facts, and from the favourable Reports the Directors have been enabled to make for so many years past, they have the most substantial grounds for anticipating that the future BONUSES to be declared by this Society will be greatly to the advantages of the Assured.

GEO. H. PINCKARD,

SECRETARY.

78, Great Russell Street, Bloomsbury, London.

AGENTS ARE APPOINTED IN MOST OF THE PRINCIPAL TOWNS.



PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster
Hospital.

LECTURE IV.

Case of continued fever: history of the case; general character of continued fever; distinction between simple and complicated; necessity for closely watching the earliest symptoms of cerebral, pulmonary, or abdominal complication; dulness of the posterior region of the thorax, not necessarily an indication of pneumonia; difference of treatment if pneumonia be present.—Value of auscultation in fever.—Miliary eruptions in fever; petechiæ and vibices indications of typhus.—Stupor and intellectual dulness expressive of cerebral congestion.—Treatment of continued fever. Case of acute rheumatism: history of the case; varieties of this form of fever and their characteristic features.—General principles of treatment in acute rheumatism.—Tendency to cardiac metastasis; value of auscultatory signs; importance of prompt measures on the earliest indications.—Treatment of cardiac complication.—Proofs that acute rheumatism is identical in pathological character with true inflammation.

Gentlemen,—There is a case of continued fever in Burdett Ward, now rapidly convalescing, to which I had frequent occasion to refer during the progress of the fever, for the purpose of explaining to you the nature of several special symptoms that from time to time were developed. The general character of the fever in this case, was that of *synochus*, and, like most cases of fever in London, it was of an adynamic type, but not sufficiently so to constitute typhus; yet if we look to the mere derivative meaning of that word, we may think it appropriately enough applied to this case, from the prevalence of a greater degree of stupor than is usually present in ordinary cases of continued fever. The term typhus originated in the Greek word *typhos*, *stupor*, and was intended to apply to a form of fever remarkable for the protracted comatose or stupified state in which the patient continued. But, practically, the term should be limited to fever that presents features of a peculiar type, expressive of great want of power and tendency to collapse and prostration of the muscular system, low muttering delirium, and general failure of the intellectual perceptions. *Synochus* is the most appropriate term as applicable to the case before us, simply meaning to continue, and expressing the running on, or continuation through many days, even weeks, of a series of symptoms which

seem to require a certain duration of time to work changes in the system, apparently necessary to its relief. Or the term *synochus* may be taken as expressive of a distinction between a class of febrile disorders which exhibit distinct intermissions or periods of *apyrexia*—intervals of perfect remission of all the symptoms, and hence called intermittents, and those which possess no such intervals, but which proceed continuously from the first, without any or with imperfect mitigation of the febrile symptoms, and hence in reference to the former called *continued*.

The case of J. S., aged 24, a young labouring man, illustrates the character and special symptoms of continued fever. By his own account, the premonitory stage was well marked. He was admitted on the 7th Nov., having been ill eight days. At first there was great lassitude and weariness of the frame; indisposition to bodily exertion; there was anorexia. On the third day he had headache, then rigors, and great bodily prostration. He had medicine for these symptoms. On admission the countenance was dull and inexpressive; the eyes suffused and glazed; the cheeks flushed; the skin was hot and moist; the whole surface was covered with a minute miliary eruption; the tongue was dry and brown on the dorsum, but moist at the sides; the pulse was 126, weak and soft. The abdomen was neither tumid nor tympanitic, nor was there pain on pressure except at the epigastric region. Respiration was accelerated; there was dulness posteriorly and inferiorly on both sides; but no crepitation or bronchophony, or mucous gurgling. The bowels had been moderately moved with offensive dejections, and the urine was high coloured and of a strong odour. He was ordered—Hydrarg. Chloridi, gr. viij.; Opii, gr. ss., statim. Mist. Ammoniacæ Acetatis, oz. j., quartis horis. Haust. purgans si opus sit.

On the day after admission a copious evacuation from the bowels was followed up by a strong purgative saline, and an improvement in the fecal evacuations was the result. The general appearance of the patient had improved; he had slept well; the pulse had become fuller, although still high, 120; tongue was moister; but the skin continued hot, the countenance dull, and the eyes suffused. Ordered the Mistura salina ammoniacæ.

On the 9th the face was not so flushed, but the skin was still of augmented temperature, and the miliary eruption assumed a very florid appearance; intellect very dull, but was quite sensible when roused. Hydr. Chloridi, gr. ij.

On the 10th the eruption began to recede; the tongue was very dry, brown, and hard, some indication

of moisture at the sides; bowels open, evacuations still offensive; sleeps much, and heavily, and has become very deaf. On the next day symptoms became aggravated; some delirium during the night; sordes collecting about the teeth; tongue dry; face flushed; conjunctiva congested; skin hot, but evidences of moisture on the chest and abdomen; intellects as if stupified; much thirst, drinks greedily; dulness of the posterior region of the thorax still continues, but no other physical sign. Cold lotion to the head. Continue the mixture. Port-wine, oz. ij. Saline purgative.

During the two next days you observed improved alvine excretions; the skin falling in temperature; pulse becoming less frequent, soft, and indicative of more power; intellectual condition appeared less dull, but he had become so deaf that the attendants were compelled to roar in his ear to make him understand; the eruption had entirely faded.

On the 15th the countenance had acquired a natural placid expression; the eyes were no longer blood-shot and glazed, but the sclerotic was clear, and the eye bright and intelligent; the skin was of a natural temperature; there was no morbid thirst; and the perceptions of the palate had returned; he was also less deaf. He was ordered the *Inf. Cinchonæ cum Acid. Nitric. dil.*, with improved diet, and he is now gradually progressing to convalescence.

In the systematic works on fever, you will find synochus mentioned as presenting two varieties, the simple and complicated. Now, there is no circumstance in the treatment of fever that should be more earnestly insisted upon, or more emphatically impressed on your memory, than the necessity for closely watching, and minutely examining, the nature of every symptom that may indicate the existence of inflammation in any internal organ. When such evidence is present, we have not a case of simple congestive fever to treat, but one perhaps of serious organic complication. In the early stages of fever, therefore, a careful examination of the condition of the more important internal organs—the pulmonary and abdominal—becomes absolutely necessary. The chest and abdomen should be daily examined, carefully and minutely.

In this case there was no abdominal complication, no tympany, no cæcal tenderness; some trifling sensitiveness in the epigastrium was alone present. On examining the chest dulness was detected posteriorly and inferiorly on both sides, but there was no crepitation, nor any resonance of the voice; no mucous rhonchi to indicate bronchial secretion. These physical signs were unequivocal as to the absence of pulmonary inflammation; and we had here simply evidence of the ordinary concomitants of continued fever—a congested condition of the inferior and posterior regions of the lungs; a condition shared, for the most part, by all the internal organs, pulmonary as well as abdominal.

I most anxiously wish to impress upon you that it is of the last importance to decide the presence or absence of pneumonia in fever; or, in other words, to determine whether the fever be idiopathic, or complicated and symptomatic. Oftentimes the symptomatic or concomitant fever of pneumonia possesses all the features of idiopathic synochus, and as regards their general character, they do not, of themselves, testify or indicate any pulmonary complication; but auscultation at once determines the point. There is

dulness in both lungs posteriorly, but there is no crepitation, no bronchophony; there is no evidence there of pulmonary inflammation. Moreover, both lungs are not usually simultaneously the seat of pneumonia, but they are always equally the seat of congestion in the severe forms of continued fever. Practically it is of the utmost importance to determine these conditions of the lungs in fever. If symptoms of inflammation be present, our efforts must not be relaxed, whatever the type of the fever may appear, to modify and control that inflammation; and so long as there may be evidence of inflammatory action,—positive, unquestionable evidence of pneumonia, antimony, calomel, and opium, must alone be relied on, whatever be the concomitant febrile condition. Wine and stimuli would, under such circumstances, be only fuel to the fire, which, if not quenched by antiphlogistic remedies, must ultimately consume the patient. But if otherwise, if only evidence of congestion be present, if it be equally present in both lungs, if there be no crepitation, no resonance of the voice, no sputa, the accompanying fever being apparently of the same type as you may witness in pneumonia,—I say apparently, for it is not to the experienced eye at all analogous, yet under these distinctive circumstances, distinctions which auscultation alone allows you to detect, the treatment requires to be far different, in some respects almost opposite. A moment lost in these cases, and the period inadvertently passed in which stimuli are available, the powers of the patient rapidly sink, and no efforts of ours, no dosing with brandy, opium, and cordials, can avail anything. The stethoscope thus becomes a most valuable agent in determining the necessity for one or other of two courses of treatment, and either of them injudiciously or erroneously employed, infallibly leads to aggravation of the symptoms, and a most unfavourable prognosis.

The dulness posteriorly evident in both lungs in this case, expressed only the condition of simple pulmonary congestion, in which all the internal organs more or less participate in all cases of continued fever; and the evidence of this state of the lungs from the first assured me, that as the fever progressed, and the symptoms declared themselves more and more of an adynamic character, wine and stimuli would become necessary, and might be unhesitatingly employed.

The presence of cutaneous eruptions of a miliary character is by no means uncommon in the severe forms of continued fever. The character of the eruption may oftentimes be accepted as a very good interpreter of the type of the accompanying fever: simple miliary efflorescence of the skin is the mildest condition, occurring as a series of minute red points or dots, not coalescing, but varying in intensity of colour—one day appearing of a bright crimson, then becoming faint and evanescent, and again appearing and receding during the progress of the fever. Petechiæ are but a similar condition of the skin, occurring in cases in which the symptoms are of a more æsthenic character; and instead of the bright red eruption becoming fainter and receding, the spots become of a dusky, dark, and even purple hue, but still remaining distinct. In the worst forms of typhus, these spots run together and coalesce, and produce ecchymosed patches, such as are present in purpura hæmorrhagica; these constitute the vibices of authors, and are expressive of

the lowest condition of the vital powers, the tonicity of the capillaries of the skin being exhausted, and hæmorrhagic transudation infiltrating in circumscribed spots beneath the cuticle. In this case, however, the skin exhibited only the rose-red evanescent miliary eruption; yet, though this condition testified to a greater tendency to asthenia than if no such eruption had been present, it was of the mildest form ordinarily present in continued fever.

There was much stupor and dulness of the intellectual faculties, and that at an early period of the fever—it was evident even on admission—the face was flushed, the eyes suffused and inexpressive, the intellect dull, and deafness was co-existent with these cerebral conditions. They spoke of a condition of the cerebral cavity similar to that which auscultation detected in the thorax,—simple congestion—hyperæmia—a stagnation of the blood in the capillaries of a part—a passive condition not terminating in any of the products or results of inflammation, obtunding and diminishing the functions of an organ by the retardation of blood in the capillaries, but not destroying or impeding function, as is the case when inflammatory action is present. The category of cerebral symptoms also spoke and testified of debility and want of vital energy. There was but little delirium; the stupor was of a comatose character, the patient sleeping heavily and stertorously, from which it required some exertion to rouse him. He could, however, be made to comprehend questions put, and was never but for a few hours delirious. These symptoms then, were of a more favourable aspect, than if there had been much delirium or incoherence, wakefulness and restlessness; and if his powers could be supported we had not much to fear from the products of inflammatory action. Delirium was present for a few hours; so soon as this appeared, cold was applied to the head.

There is uniformly present in these cases evidence of vitiated secretions, both cutaneous, alvine, and urinary; even the exhalations from the lungs are offensive. The mucons secretion of the alimentary canal is especially depraved; the salivary fluid is both deficient in quantity and altered in composition; the amount of organic matter is much increased, even the proportion of ptyalin is augmented, and the inorganic salts, the tribasic phosphate of soda, ($3\text{NaO} + \text{PO}_5$), and the chloride of sodium, are, both relatively and absolutely, much increased. The alvine evacuations were in this case for some days dark coloured, of a dirty mud appearance, and occasionally black, and always most offensive. The urine is more highly azotized, or in other words, contains larger proportions of urea and uric acid than in health; exemplified by the high specific gravity, dark orange colour, and repulsive odour, and rapid tendency after voiding to become ammoniacal. These condition of the excretions are for the most part the result of the universal condition of hyperæmia of all the internal organs of secretion, and require for their relief, the agency of alterative medicines, purgatives, diaphoretics; and, of equal importance, acting in conjunction with, though not superseding any of the former, opium. For the successful action of other remedies it is absolutely necessary that the turbulent and irritable condition of the cerebro-spinal system should be allayed. Irregularity of secreting function cannot exist to any great extent,

or in several organs simultaneously, without inducing a large proportion of nervous disturbance, expressed by restlessness, fretfulness, and general irritability. Purgatives, whether saline or mercurial, and diaphoretics will, in many cases, if given uncombined with opium, appear to aggravate the nervous irritation, and excite a larger amount of febrile restlessness; but when judiciously combined with opium, the purgative power of the one is in no way diminished, or the influence of the diaphoretic over the exhalent vessels of the skin in any degree lessened. On the contrary, the action of both class of remedies becomes modified, and an increased action from the excretory organs is obtained without any additional drain on the already exhausted and over-excited nervous system. The condition of the alvine discharges in every case of continued fever demands our constant attention; they should be inspected daily, so long as their appearance indicates the necessity for further purgative action. This examination should never be intrusted even to the most experienced nurses; they know but little of such matters, their value depends upon other qualifications; your own experience and judgment are emphatically required in determining the condition of so important an indication as may be obtained from the character of the alvine evacuations.

In this case purgative doses of the hydrargyri chloridum were in the first instance relied on, followed up by ordinary saline laxatives; but you will recollect that those calomel purges were combined with a small quantity of opium, and followed by ordinary purgative draughts. In the progress of the case, about the fifth day after admission, the dejections again indicated the necessity for purgative remedies; the stools were black and offensive; delirium had supervened; and other indications of an unfavourable character. A brisk action was obtained by a dose of calomel and opium, and the patient revived in a few hours, as if the system had been relieved of some toxic agent, under whose influence the powers of life appeared to be rapidly succumbing; and there can be little doubt but that the retention in the large intestines, of the offensive and depraved educts of secretion is of itself alone capable of inducing these depressed symptoms of failing powers, by impregnating the system with the poisonous gaseous products, developed by the accumulated secretions in the colon. These secretions while detained there, rapidly generate sulphuretted hydrogen; this, instead of being discharged per anum, is absorbed into the blood, circulates through the organs, and gives rise to a similar catenation of phenomena as would be produced by the poisonous agency of the same gas, inhaled by the lungs and surface of the body. The necessity, therefore, for carefully watching the alvine excretions and the paramount necessity for the action of purgatives in cases of continued fever are, I hope, made sufficiently manifest to you. The excretions once assuming a bilious and fecal character, may in all cases be taken as a favourable symptom. Judgment is now required not to push the action of depletory purgatives too far; and at this juncture of the case, in the majority of instances, stimuli will become necessary, either ammoniated or vinous.

In this case, on the 12th, we had an improved condition of the bowels, and a change for the better in some other respects. Wine in small quantities was now ordered, and additional quantities of beef-tea were

employed with palpable advantage. The tongue now became moist, the countenance more expressive, there was less heat of skin, less thirst—all most favourable indications. On the 14th the bark and acid were prescribed. On the 16th the deafness had left him; and now there is a craving appetite, clean tongue, healthy actions from the bowels, and a confirmed state of convalescence.

(To be continued.)

ON THE TRÉATMENT OF INTERNAL INFLAMMATION BY OPIUM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In answer to the letter of "A Member," which was inserted in the Journal of the 18th inst., I beg to send the accompanying paper, and I hope that the system of question and answer which it brings to our notice will receive from the Association that support which its importance demands. It is an excellent mode for obtaining opinions on particular points of practice, and if some of the questions were put so as to admit of brief replies, we might hope to obtain a portion of that experience—the accumulation of years—which at present we but too frequently lament to see taken by the general practitioners to the grave. We should, I say, receive the support of many who are possessed of ability and inclination to contribute, but who are prevented from doing so in consequence of the incessant claims upon their time, which a large general practice necessarily entails.

If the Journal should succeed in doing this, it will confer an inestimable boon on our profession, and add another laurel to the wreath of the distinguished founder of the Association.

I am, Sir,

Your obedient servant,

RICHARD CHAMBERS, M.D.,

Physician to the Essex and Colchester Hospital.
Colchester, Nov. 20, 1846.

We cannot, I think, rely upon opium alone in the treatment of any inflammation; we must only regard it as an adjuvant—but an essential and most invaluable one. Considered in a comprehensive sense, the value of opium depends upon its power of blunting nervous sensibility, and thus diminishing the sensation of pain. Pain exercises a double action; in some cases it exhausts vital power; in others, again, it re-acts upon the vascular system, and it keeps up inflammatory action. When we remember the extreme sensitiveness exhibited by serous membranes when in a state of inflammation, we would from this cause alone, be disposed to regard opium as more especially applicable in the treatment of inflammation when it attacks those membranes, and so it is universally found to be.

It is in peritonitis more particularly, that we are enabled to see the effects of opium, as the proximity of the brain, lungs, and heart, and the liability to co-existing inflammation in either of these organs, render opium less eligible in the treatment of inflammation affecting their serous coverings. If we were called upon to treat peritoneal inflammation, at its first onset,

one venesection, followed up by a full dose of opium, as recommended by the late Dr. Armstrong, would effect a cure. As it is, however, but very seldom that we are consulted in the primary stage, we are compelled to call in the aid of mercury or antimony, to restore the equilibrium of the capillaries.

Opium only professes to relieve pain; but we must bear in mind that in many cases, if this were not done, the system would yield to the disease before either antimony or mercury could exercise a curative influence—and in all, the duration of treatment is considerably abridged by it.

The principle here contended for admits of a very general application in the treatment of diseases, but more particularly in cases of neuralgia, in which affection I have frequently found the internal administration of tonics, combined with the local application of narcotics, cure cases that had previously resisted the use of every description of tonic.

I may refer your correspondent to the last volume of the Journal, for the particulars of a case of strumous peritonitis, successfully treated by the combined use of opium and mercury. So to speak, the mercury cured the disease, but the opium saved the life. In fact both were essential to the cure, and I am in a position to state, that a more apparently hopeless case never terminated so favourably; in fact it was pronounced to be irrecoverable by two experienced medical men.

I had an opportunity lately of seeing a case in which opium was freely used; and, although the patient died, I am not the less satisfied with the benefit which the opium afforded. A short sketch of the case may prove of interest.

A carrier aged 60, for years the subject of a reducible hernia, was admitted into the Colchester Hospital, November 8, 1846. About a week previous to his admission he was seized with slight indisposition, accompanied with abdominal uneasiness; it did not, however, prevent him from attending to his ordinary work till two days previously; the next day he was much worse, and for the first time discovered he could not return the hernia. On admission he felt weak, and complained of tenderness all over the abdomen; there was no sickness, and the bowels had acted the day before. He was immediately attended by Mr. Partridge, who resorted to the usual means for returning the contents of the hernia, but all attempts proved ineffectual, and as there were no very urgent symptoms demanding an operation, its consideration was deferred till next morning, the 9th, when he was met by his surgical colleagues in consultation. The hernia was still irreducible; and although the bowels were acted upon in the night, as there was an increase of the tenderness over the lower part of the abdomen, and the non-reduction of the hernia tended to depress the patient, an operation was decided upon, and performed by Mr. Partridge, with his usual coolness and dexterity. On opening the sac, there was an immediate issue of several ounces of agro-purulent matter; altogether about a pint was discharged. No stricture could anywhere be detected, and the intestine was quite healthy. It was found impossible to return the contents of the sac, from a cause that will be subsequently stated; a pledget of wet lint was placed over the wound, and it was resolved to afford him the only chance that there

appeared to be for him under the circumstances, to place him under the influence of opium and mercury. I may remark that in what was done, we had the aid of all our colleagues, but as Mr. Partridge and myself were the attendants of the week, the case came more immediately under our care. He was ordered the following pill, at first every second hour, but after taking three, it was changed to one every hour:—

R. Pulv. Opii., gr. j.; Hydrarg. cum Creta, Extr. Conii., utr. gr. ij. M. Fiat pilula.

10th. He felt easy; had some sleep in the night; but is not at all drowsy; pulse 96. To relieve flatulence he had the following draught:—R. Ammon. Carb., gr. v.; Sodæ Sesqui-Carb. gr. x.; Aquæ, oz. j. M. Fiat haust. tertis horis sumendus. Capiat pil. secunda quaque hora.

11th. Free from pain; is troubled with bilious vomiting; in other respects the same. R. Pulv. Opii, gr. j.; Calomel., Fellis Bovini, utr. gr. ij. M. Fiat pil. tertis horis sumenda. Adde Magnesæ Sulph., dr. j. sing. haust. et sumat in forma effervescente cum Acid. Tart., gr. xij.

12th. Continues the same; bowels have not been relieved; vomiting continues; his strength gradually failed, and he died on the 14th.

Post-mortem examination, sixteen hours after death. The whole of the peritoneum presented marks of recent inflammation; about a pint of purulent matter existed there, and three flakes of lymph, as large as a gooseberry, were found floating about in it, and quite detached. A portion of the small intestine to the extent of four inches was in a state of sphacelus. The intestines adjoining the portion contained in the sac were pretty firmly agglutinated to the peritoneum by adhesions of a recent date, and to this cause, doubtless, must be attributed the resistance that was given to every effort to return the contents of the hernia into the abdomen.

The case was, in fact, one of pure peritonitis and enteritis, and I believe all the symptoms to have been totally independent of the hernia. It was, however, a case in every way deserving of attention, and one in which, if there had been no operation performed, the death may have been attributed solely to the hernia, and the medical man considered culpable for not operating. It offers an additional lesson of the extreme caution that ought to be used in giving judicial evidence tending to censure the practice of another. I believe that it is to the sphacelated state of the intestine that we ought to attribute the vomiting, and indeed the fatal issue. It is at once apparent that no treatment could have saved him; but having said that I felt satisfied with the amount of benefit conferred by the opium, I think it proper to state that it relieved his intense suffering, and undoubtedly made him hold out longer than he otherwise could; and to shew in what state the peritoneum was, I may mention, that covered as it was with lymph, pressure could every where be borne over the abdomen, and although the lymph was recent, the vessels did not anywhere present the injected appearance of *acute* and *recent* inflammation, going, I think, very far to prove, that inflammation had done its work before the commencement of the treatment.

In reference to the employment of opium generally, I may remark, that the constipation which it causes renders it obnoxious to some constitutions. If this

(as I believe it does,) arises from an arrest of the biliary secretions, the combination with mercury, rhubarb, or colchicum, will obviate it. In cases where any of these are not admissible, the ox gall comes to our aid; and whether it is by directly stimulating the secretion of bile, or acting as a substitute for it, there can be no question of its being able to counteract the constipating tendency of opium. But this power of causing constipation becomes available in the treatment of a very formidable disease—namely, in peritonitis from perforation of a portion of the intestinal canal; and as our object here is to arrest the action of the intestines, to enable the opening to be sealed up with organized lymph, it is evident, that to effect this object, the *uncombined* use of opium can only be relied on. Should the aid of mercury be required to combat the consequences of the inflammation, its administration must be postponed to an after period.

(To be continued.)

NEW CORNEA KNIFE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In performing the operation of extraction of cataract with Beer's knife, I have experienced upon many occasions two sources of inconvenience, more especially when the eye was deeply set, and the palpebral fissure small. First, in consequence of the length of the knife, the point often pricks the caruncula lachrymalis before a sufficient portion of the blade has passed across the cornea to admit of the section being completed; and, secondly, the edge of the lid may be cut by the sharp angle at the shoulder.

Either of these occurrences may be productive of annoyance, which it is as well to avoid;—first, by exciting an unnecessary degree of pain; secondly, by causing a sudden start on the part of the patient; and thirdly, by inducing an effusion of blood, which may be considerable.

To obviate these inconveniences, I have had a knife constructed according to the annexed sketch. Having now used it upon ten occasions, and having seen it used by others, I find that it enables the operator to transfix the cornea and to complete the section without incurring any of the annoyances above mentioned.

The dimensions are as follows:—

Entire length of the blade	1 inch 1-10th.
Length of cutting edge	9-10ths.
Greatest width of blade	3-10ths.

The pattern is with Mr. Weiss, Strand.

I am, Sir,

Your obedient servant,

WM. WHITE COOPER.

Tenterden Street, Hanover Square,
Nov. 27, 1846.



IODINE INJECTION IN HYDROCELE.

By CONWAY T. EDWARDS, Esq., Bathaston.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The *modus operandi* of iodine and its preparations, being well known, and its powerful influence over diseases of the secerning system generally admitted, medical men are at no loss to discover the reason why it should prove a curative agent in hydrocele. The careful application of it in the form of injection, and administration of the iodide of potassium by mouth at the same time, seem to perform an effectual cure of the disease in a very speedy manner. It appears, however, that comparatively speaking, in England its exhibition and application in hydrocele is limited, when contrasted with the practice among medical practitioners in the East; for Mr. Guthrie, in alluding to this in his *Practical Surgery*, states—"That whilst the surgeon, possessing even tolerable opportunities here, can speak only of his dozens of cases, or hundreds, at most, Mr. Martin can adduce thousands. I have lately learnt from others who have practised in India, that the method has answered equally well in their trials of it; and now it REMAINS to be seen, whether it will prove beneficial in equal proportion in other parts of the world." The following case is therefore given as another additional proof of its efficacy:—

A man, aged 65, had been tapped for hydrocele six months previously to his coming under my care. The fluid had re-collected, and the tumour, from its size and weight, became very troublesome. I proposed the "radical cure," to which, after a little hesitation, he consented. The fluid having been removed, I injected half an ounce of water, with twelve drops of the compound tincture of iodine in it. This was allowed to remain until a burning sensation was produced, when the fluid was taken away. Towards evening the burning sensation had become converted into real pain, not only of the testicle, but of the cord, as high as the external ring. On examination, the testis was found to be greatly enlarged, and the whole very painful. Five grains of calomel, with a quarter of a grain of the potassio-tartrate of antimony, and a purgative in the morning, were ordered, and the part directed to be bathed and suspended.

Towards the middle of the following day, the pain being undiminished, and the scrotum looking dark, I directed a dozen leeches to be distributed as high as the external ring, and the calomel and draught to be repeated. In the evening the pain and swelling of the cord had subsided; a poultice was applied to the tender testis, and a grain of morphine with James's powder administered at bed-time. The following morning, all the most distressing symptoms were removed. The testis alone was tender, and apparently swelled to twice its natural bulk; the gums were slightly touched by the calomel.

For a week his treatment was merely gentle effervescing aperients, after which, he took the iodide of potassium internally for a month. Fluid never appeared to collect after the operation, but the testicle did not recover its usual dimensions until six months. Two years have elapsed since I operated

on him, and at present there are no symptoms of a relapse.

In my next paper (with your permission,) I will treat on incontinence of urine in children treated with the catheter; and if the case does not prove bulky, will add a case of fistula in ano,—interesting, in that the operation was performed on a gentleman who had been forty years in the West Indies, and that from the length of time which elapsed before the healing process commenced, it almost led to a belief that some other disease lay dormant in the system.

I am, Sir,

Your obedient servant,

CONWAY T. EDWARDS.

Bathaston.

ON THE PURULENT OPHTHALMIA OF
INFANTS.TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

On a return home after a short absence, my attention is again called to a fact which has been frequently remarked to me by professional friends visiting this place,—viz., the great number of individuals we see in our streets who are blind of one eye. A practice here of many years has enabled me to enquire into the cause of this defect, and as I have rarely omitted an opportunity of ascertaining the origin of the loss of sight, I venture to give you the result, which has been almost invariably, that disease came on a day or two after birth; "they took cold," they were told, in both eyes, and the loss of one was the consequence.

Two questions of great importance, I think, present themselves here. Has not the disease been communicated by the mother? Should not the treatment be influenced by a knowledge or suspicion of that circumstance?

From the history of a great many recorded cases amongst my own patients, I feel assured that a vast number of these have been gonorrhoeal ophthalmia. Whether in these instances the nature of the disease has been suspected, or whether the appropriate remedies have been applied, I cannot presume to say. It can scarcely be imagined, however, that the disease has been so excessively virulent in its character, as to destroy the organ before its progress could be arrested in all of them. In twenty-one ascertained cases of gonorrhoeal ophthalmia, recorded in my own note-books, and seven, where the character of the disease has been suspected only, I have found the discharge checked, and the inflammation arrested, in an incredibly short space of time by the use of well-applied local astringents; the sulphate of zinc with opium I have generally found most efficacious. When purulent ophthalmia comes on in early infancy, I can easily imagine, from the character and station of the parents, that its cause may not be suspected, especially by our younger brethren, and those less acquainted with the vices of the world; for how very frequently does it happen that those who contract gonorrhoea, especially married men, are ashamed to apply to their own regular medical attendant, and seek the aid of some quack, or distant practitioner to whom they are unknown.

In all cases of purulent ophthalmia occurring soon after birth, I would not advise the scarification of the inner surface of the eyelids, which I have often known adopted, or the application of collyria only as an epithem. *I feel persuaded that no astringent application can be efficacious unless it be brought in actual contact with the secreting surface.* I will mention briefly the history of three cases where the nature of the disease had not been suspected, or if so, where the treatment had been obviously improper and inefficacious.

Some years since I was called upon by a Mr. W——, of ———, who was a stranger to me, respecting a disease which his son, a child of four or five weeks old, was suffering from in the eyes. He informed me, correctly, that one eye was quite gone, and the transparency of the other lost; that on opening them thick yellow matter exuded freely from the lids. Suspecting there might be some gonorrhœal infection, I at once taxed him with it, and after stoutly denying it for some time, and saying that the surgeon in attendance never alluded to such a thing, he confessed that some months since he had contracted gonorrhœa, but that he had been cured by a surgeon in this town long ago. Very much against my inclination Mr. W—— insisted that I should take charge of the case without consulting the gentleman who had been in attendance, and as there was no alternative I visited the child. The lids were closed, and upon opening them there was a copious exudation of pus; although I was informed that after they were washed in the morning, the child opened them for some hours. The humours were discharged from the right eye, and its coats collapsed. The cornea of the left was opaque over at least two-thirds of its surface. In addition to a direction that the eyes might be kept as clean as possible with warm milk and water, drops were let fairly into each three times a day, composed of one drachm of filtered infusion of opium, a scruple to the ounce, one drachm of water, and four grains of sulphate of zinc. A persistence of this plan in an incredibly short space of time arrested the discharge, when its use was gradually abandoned. The right eye was irretrievably lost, but the left eye became gradually clearer, and when the family left the neighbourhood, two years subsequently, a very small speck indeed alone remained.

Although I have every reason to believe Mr. W. was free from disease when he consulted me respecting his child, he contracted it again from his wife, who acknowledged on my first visiting her, that she was suffering from purulent discharge.

My assistant attended Mrs. R. in labour; on my visiting her I saw a little boy, apparently two and a half or three years old, playing about on the floor, who appeared quite blind, I examined him and found the cornea opaque and vascular over the entire surface of one eye, and very nearly so of the other. The circumstance did not strike me particularly at the time, till I visited Mrs. R., I think, on the third or fourth day after delivery, when she told me that "the child's eyes were very bad." On examination I found they were affected with purulent ophthalmia, which I subsequently discovered to be gonorrhœal. I ascertained, moreover, that the little boy who was blind had suffered in precisely the same way, and that the disease made its appearance also about the same period after

birth. Finding Mrs. R. a very intelligent woman, I enquired if she ever suspected her husband of improper intercourse; she then confessed that he was guilty of occasional intoxication, and that long before the birth of her little boy, she had gonorrhœa, but she thought they were both cured, until it made its appearance immediately after the birth of her son, and that her husband and herself had suffered from occasional discharge ever since. On my asking if the medical man who attended her did not question her about any discharge, she replied in the negative,—that he attended the child a very long time, and as they felt a delicacy in naming the subject of their ailments to him, they consulted a quack for themselves, and never for a moment suspected that there could have been any connection between their ailments and the discharge from the child's eyes.

I have often met with instances in my own practice, when a man has consulted me for gonorrhœa; he has communicated the infection to his wife, who was then pregnant: both were to all appearance cured. At the birth of the child—months after—it has had gonorrhœal ophthalmia, and the mother gonorrhœa again. In one or two cases the husband, in spite of all my care, has contracted the infection.

A few months since I was called to a most intelligent little boy, about eight years of age. He was suffering from intense pain in the head, delirium, great thirst, and a highly excited circulation. The left eye, of which he had been blind from childhood, protruded some distance from the socket, and appeared about the size of a bullock's eye. Finding that it had increased rapidly during the last few months, I considered that the tension of the optic nerve might have set up irritation, and subsequently inflammation of the brain. The cornea was extensively traversed with vessels; there had been also a continued secretion of tears. I perforated the anterior chamber with a common lancet, when probably half an ounce of discoloured aqueous humour was effused. I directed leeches and cold affusions to the head, and ordered calomel and antimony at bed-time, with salines. There was a little oozing of blood and water for a few hours after the tapping, but my little patient felt no pain in the organ. The following day he was so nicely that I left him to the charge of my assistant, requesting him to continue the salines with cold affusions.

Some days after I again saw him, hearing that the eye was getting larger, and that the pain and febrile symptoms were returning. Although the eye was not so distended as on the former occasion, I thought it advisable to make a large incision, and squeeze out the whole of the aqueous humour; and, if easily accomplished, the crystalline lens and vitreous humour also. In this I could not succeed. About half an ounce or six drachms of brown-looking fluid was expelled. As on the former occasion, the operation was attended with the most complete relief. The eye was now nearly as small as the other; the pain and febrile symptoms had quite subsided.

I heard nothing more of the case for some weeks, at length he called upon me with his father; the eye was again protruding, although yet producing no other effect than its unsightliness. On this occasion, I introduced a lancet deeply into the chambers, and cut

about in every direction. A strong lotion of sulphate of zinc was directed to be dropped on the conjunctiva twice a day. I saw the little fellow a week or two ago; the affected eye is much smaller than the other, and there seems now no disposition to increase.

I come now to speak of the origin of this disease: although I felt very anxious to ascertain if it had been a case of gonorrhœal ophthalmia, I was for some time deterred, on account of the respectability and high religious character of the parents. At length, when I was conversing with the father respecting the disease which the child suffered from, I begged him to tell me if he had contracted gonorrhœa since his marriage. The question startled him, and he seemed confused; he confessed however, that before the birth of this child, he had the disease, but that he was cured with the greatest secrecy, and never supposed there could have been any connection whatever between that disease and "the cold" in the child's eyes which his surgeon so long tried to cure.

I may remark, in conclusion, that the cases I have met with, have been most frequent in the first child after marriage.

I have written anonymously, and withhold the locality in which I practice, lest my patients or colleagues should appear to be reflected upon,

And remain, Sir,

Your obedient servant,

A MEMBER OF YOUR ASSOCIATION.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOS- PITAL, BIRMINGHAM.

By PETER HINCLES BIRD, one of the Resident
Medical Officers.

CASE XII.

VARICOSE ULCER.

Anne Hingley, aged 45, housewife, married, has nine children, admitted into the Queen's Hospital April 16th, 1846. She states that twenty-three years ago she had an ulcer for the first time, situated on the inner side of the left ankle; that it has healed up and broke out again as many as five times; always broke out when she was in the family way; the present wound broke out two years ago, and has got sometimes better, sometimes worse. Ever since her last labour, ten years ago, her veins have been varicose.

Present State.—There is an ulcer of an oval shape, with indolent, indurated, callous edges, about the size of a half-crown, situated on the inner side of the left ankle; the integuments surrounding it are of a brownish colour; complains of no pain in the wound but rather in the course of the saphena and principal veins of the leg, which are much distended by walking, or by keeping the leg for a long time in the erect posture. Pain described as dull, heavy; general health described as pretty good; bowels open; appetite indifferent.

Ordered to have water-dressing applied to the wound, and the whole leg to be well bandaged from the foot upwards; to remain in the recumbent position. R. Inf. Cascarillæ, oz. iiss., ter die.

20th. The ulcer is getting smaller; the pain in the legs is only present when she uses the limb.

25th. Still smaller, it is now about the size of a sixpence; surface looks healthy; appetite good.

30th. Much smaller; it has assumed an elliptical form, the two ends being nearly in axis with the body.

May 2nd. Diminishing in size; no pain; health good; appetite improved.

6th. Still smaller, surface looking exceedingly healthy; the colour of the surrounding integument improved.

14th. Quite healed; the cicatrix appears quite sound; she has been provided with a laced stocking, which she is to wear constantly. Discharged cured.

This ulcer, which essentially depends on the varicose condition of the veins producing great disorder of the capillary circulation, is very apt to occur in the part specified in the preceding case, and to attack women who have had many labours; when once healed it is very likely to break out again, as this case fully shows. The pain depends more upon the state of the veins, in which alone it was present, than upon the wound itself. The great efficacy of the cold-water dressing, combined with bandaging, in the treatment of this kind of ulcer, is very well exemplified.

CASE XIII.

FRACTURE OF THE FIBULA.

Thomas Broughton, aged 38, bricklayer, admitted into the Queen's Hospital, under the care of William Sands Cox, Esq., on the evening of May 8th, 1846. He states that about half an hour previously he had slipped from a stone step, and struck the outer side of his right leg against the edge of the step above; it caused him great pain, and he was unable to use the leg. On admission the parts surrounding the ankle-joint of the right leg were very much swollen. On examination a fracture of the fibula at the junction of the middle with the lower third was discovered; the crepitus was, however, very indistinct; there was no dislocation of the ankle, nor any turning of the edge of the foot inwards or outwards; complains of pain over the seat of fracture. Ordered to keep the leg bent on the thigh, and warm applications to be applied.

10th. Swelling considerably reduced; crepitus can be heard distinctly.

12th. The parts feel hot, and he complains of pain. To substitute cold instead of the warm applications.

13th. No swelling nor tenderness; complains of pain at the seat of fracture; there is a good deal of ecchymosis. To have a well-padded splint applied along the outer part of the leg from the knee to the foot.

16th. Splint re-applied; in little pain; ecchymosis disappearing; health good.

18th. Slight pain on pressure over the seat of fracture; ecchymosis nearly gone; no swelling. To have a starch bandage nicely applied.

21st. Another starch bandage applied; in no pain; can walk without any support.

26th. Leg getting much stronger, the ankle feels rather weak; can bear more weight on the leg. To have another starch bandage applied.

30th. Discharged cured.

The fibula is less frequently broken than the tibia, but the accident is common enough. Fractures of the

two upper thirds of the fibula are generally caused by direct violence, while those of the lower third are most frequently occasioned by a forcible twist of the foot. In this case, although the fracture was bordering on the lower third, it was caused by direct violence. Fracture of the fibula is often complicated with dislocation of the ankle-joint, but in this case this was not in the least degree present.

Of 207 cases of fracture of the fibula treated by Dupuytren* seven-tenths of them happened to the right leg; six-tenths arose from violent adductive motions of the foot; three-tenths from similar abductive movements; and one-tenth from blows or from the passage of some heavy body over the external and inferior part of the limb. With respect to the seat of the fracture of the fibula, in five-tenths it was about two inches from the lowermost point of the external malleolus; in three-tenths below this point; and in two above it. Cases within two inches of the external malleolus were often complicated with displacement of the foot; the others but rarely.

In these and in all fractures in which starch-bandages can be applied, they are found essentially useful in keeping the parts in close approximation.

CASE XIV.

ENCYSTED TUMOUR OF THE FOREHEAD.

Robert Wilkins, aged 66, milkman, admitted into the Queen's Hospital, May 27th, 1846. He states that about two years ago he first perceived a small pimple in the middle of the forehead; it increased in size at times and afterwards got smaller; within the last two months, however, it has gradually increased in size; it causes him no pain, but its position is extremely inconvenient, as it prevents him wearing his hat; has always enjoyed good health; he states that when young he was very subject to boils.

Present State.—There is a tumour situated in the middle of the forehead, of the size and shape of half an egg, soft and elastic to the touch, and giving a sense of fluctuation to the fingers; the integument covering it has the normal appearance; no black speck can be discovered on it; it adheres closely to the tumour; has no pain in it.

May 29th. The tumour was removed this morning by Mr. Cox, and the entire cyst dissected out. On cutting into it, it contained a quantity of a yellowish coloured liquid, in consistence not quite so thick as the white of an egg; there was a good deal of hæmorrhage; the patient bore the operation remarkably well; the wound was dressed and a compress applied.

June 1st. Dressings removed; wound partly united by the first intention; the rest discharges healthy matter.

12th. The wound quickly united without any bad symptom, and he was discharged cured this morning.

The preceding case presents an instance of an encysted tumour, of the variety termed melicerous, its contents being of the consistence of rather thin honey; this was most probably produced by an obstruction to the sebaceous follicles, so that a cyst is formed in which the matter collects. In the centre of the tumour on the

skin is often seen a black or dark-coloured spot, the obstructed follicle, which sometimes continues through the whole course of the disease; this, however, was absent in this case. Sir Astley Cooper considers these tumours to be in some degree hereditary. When the follicle can be seen only as a black spot, filled with indurated sebaceous matter, he recommends a probe to be pressed into it, and the sebaceous matter to be pressed out of the tumour, which is done with little inconvenience; in this case, however, there was no black spot present, so that the only alternative was to eradicate the cyst.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 9, 1846.

The pithy homely sayings in extensive use are always worthy of some attention, since the proverb of to-day is very generally expressive of years of past experience. "Continual dropping wears away a stone," is one of these proverbial summaries of the wisdom of bye-gone ages, which has received the stamp of public approval, in the figurative application of a physical fact, to the encouragement of perseverance in the pursuit of an object proposed.

The experience of the present day however, in reference to the attainment of certain objects of genuine and acknowledged good, would seem to point to a modification of the wise saw of our forefathers, which we may in like manner hand down to generations to come, as the condensed result of our own observations for their benefit and future guidance. Some stones there are which, it would seem, can be worn away *only* by continual dropping; and the incentive to perseverance in the steady use of efforts is thus strengthened by its being shown through the experience of the present age, that there is no other way of attaining the desired end. Where the clearest reasoning fails to produce conviction, or rather to stimulate to action, agitation will often compel the sluggish intellect, not only to yield an unwilling assent, but finally to exert the required power; and when the cause is really a just one, the continued efforts of an apparently insufficient agent will at length, like the droppings of the water on the stone, gain upon the most determined opposition.

The single, the long unaided efforts of one private individual, opposed, misrepresented, calumniated, have thus sufficed to bring to light a mass of corruption—to compel the attention of unwilling listeners to a subject most repugnant to human nature to contemplate—to force interested opposition in a measure to forego its purposes—to direct a public enquiry by the legislature—to accumulate such a mass of evidence for that inquiry as to wring out an admission of the truth of all that had been

* *Annuaire Méd. Chir. des Hôpitaux de Paris*, 1819. Also *Leçons orales de Clin. Chir.* t. i. p. 189.

previously alleged. Yet, however, is the stone, though worn, not worn away—more droppings are required to break up the stony-hearted opposition to a great public good—more efforts to induce, or compel, shall we say, the slow hand of power to sweep away the abominations which have been so fearlessly, so fully, and so ably exposed, which have been as fully admitted, and which, nevertheless, are yet suffered to disgrace our institutions, and to sap the health of the community.

We have often had occasion to allude to the disinterested and unwearied exertions of Mr. Walker in exposing atrocities, daily and hourly perpetrated in the crowded burial grounds of the metropolis; there is no occasion, therefore, here again to trace his progress in the arduous task. It is only necessary now to refer to the report presented on the 6th of May last, to the House of Commons by a Committee of the House appointed to investigate the subject. "That after a long and patient investigation your Committee cannot arrive at any other conclusion than that the nuisance of interments in large towns, and the injury arising to the health of the community from the practice were fully proved."

Here the affair at present rests; the pressure of other business, but surely not more important, prevented, we presume, the immediate adoption of an appropriate remedy, but the report, and the evidence on which it is based, remain, and we rejoice to see Mr. Walker again at his post in the prosecution of his benevolent purposes. We can have no doubt of his ultimate success, but we do hope that the public press will now especially aid him with powerful assistance, that the ensuing session of parliament may not be suffered to pass away without effective steps being taken to remove an evil of such pressing importance, the moral and physical influence of which are alike detrimental; we do hope that his professional brethren will aid him by the strong expression of their opinions, both publicly and in private; for it is but an act of common justice to Mr. Walker, that every support should be rendered to him after the arduous and lengthened conflict he has had to endure,

Lectures and Observations on Clinical Surgery. By ANDREW ELLIS, Fellow of the Royal College of Surgeons in Ireland, Professor of Surgery in the School of the Apothecaries' Hall, and Surgeon to Jervis Street Hospital. Dublin: 1846. pp. 275.

There is an individuality and interest attaching to a well-digested clinical lecture which always carry with them the attention, and consequently tend far more to impress the memory than a more systematic description of disease. The one expresses merely general features and abstract principles, which it

requires an effort of mind to comprehend and endow with tangible existence; the other applies these principles to the individual features of a selected case, and gives to them, as it were, a form and colouring—a local habitation and a home. Clinical instruction, therefore, however deficient in systematic arrangement, will always be acceptable to the student, and, as far as the opportunities for applying it extend, of great practical utility.

In the lectures before us, although perhaps not in the most strict sense clinical, we find much of the same graphic delineation of disease, and an illustration of the principles of treatment laid down in their application to individual cases. The plan followed by the author is, first, to give some general views on the subject of which he treats, and then to illustrate them by appropriate cases. A clinical lecture should rather, as it appears to us, take the inverse order—the selected case or cases under the observation of the student should form, as it were, the text-book for, and be made the subject of, the observations and reflections to which their history, progress, treatment, and termination, naturally and necessarily give rise. The objection, however, merely affects the mode in which the author has thrown his views together, and not in any way the general character of the work.

The subjects treated of are—wounds of the arteries; suicidal wounds of the throat; traumatic aneurisms; injuries of the head; erysipelas; peritonitis; wounds of the abdomen; rupture of the bladder; delirium tremens; catalepsy and ecstasy; and hydrophobia. The student and young surgeon will find much useful information and many sound practical directions conveyed under these several heads, and even the experienced practitioner will read with interest some of the lectures. We may particularly refer to the observations on injuries of the head, and on the use, or rather abuse, of the trephine. The case of catalepsy which forms the subject of the tenth lecture is an interesting one, though we suspect many who may read it, will be disposed to be less charitable, perhaps less credulous, than the author, in the reliance which he appears to place on the entire good faith of the patient.

The eleventh lecture affords a brief but interesting account of hydrophobia, among the more prominent points of which, and deserving of special consideration, is a reference to no less than twelve cases, in which there is reason to believe that the disease had been generated in the human subject by inoculation with the saliva of the tame or healthy dog. From the Registrar-General's Seventh Annual Report lately issued, it appears that during the five years, from 1838 to 1842 inclusive, as many as seventy-three persons fell victims to hydrophobia, or about fifteen for each year in England alone; and whether the disease is capable of being generated from the healthy as well as

from the rabid animal, or only from the latter, there can be no doubt that Mr. Ellis is fully justified in calling the attention of the Government, his professional brethren, and the public, to the manner in which many of our large towns "are infected with houseless, worthless, hungry, peevish dogs, mixing with children, who innocently fondle and play with them, not knowing that they are in company with a most treacherous and deadly enemy."

BIRMINGHAM PATHOLOGICAL SOCIETY.

September 5th, 1846.

Dr. WADDY, in the Chair.

HYSTERITIS.

Mr. W. C. Freer exhibited a placenta taken from a patient who had died seven days after delivery, and gave the following particulars:—

A woman was attended by a midwife, August 26th, and the parties present state that a most unwarranted amount of force was used in withdrawing the child and placenta. On the following day she had a rigor; no lochial discharge; and no secretion of milk.

August 29th. Fever; pulse 120; suppression of all the secretions, and tenderness over the *pubis*.

September 2nd. Fever aggravated; tenderness increased; pulse 140; complains of intense pain on right side.

3rd. Died.

Autopsy.—Effusion of lymph to a considerable extent on right side of chest; uterus uncontracted; points of placental attachment prominent and spongy, with a sloughy condition of the mucous membrane. No pus in the veins; other viscera healthy.

DISEASED HEART CONSEQUENT ON RHEUMATISM :
PLEURITIS.

Mr. W. C. Freer presented a specimen of an enlarged heart, which was generally adherent to the pericardium; also the mitral valves, ossified, taken from a patient aged 23.

James Ward, aged 23, twelve months since had an attack of acute rheumatism, with cardiac implication. He partially recovered under treatment and resumed his employment. In July he became worse, and was confined to his bed, and in August was admitted into the Hospital with the following symptoms:—*Œdema* of lower extremities; albumen in the urine; urgent dyspnoea, with inability to lie in the recumbent position, and complaining of intense pain in the region of the heart.—*Percussion*: Dull over the whole thorax.—*Auscultation*: Heart sound, and excessively rough saw-sound; maximum under the left nipple, centre of the sternum, and behind under left angle of scapula, but heard more or less all over the chest. Ascending and descending friction-sound heard over left lung; ægophony with complete absence of breathing on right side. He died on the 30th of July.

Autopsy.—Heart enlarged and generally adherent to pericardium; mitral valves considerably thickened by ossific deposit; aortic valves contracted at their free margins; serous effusion on the right side; left lung adherent by recent lymph. Kidneys, secreting portion slightly encroached upon.

CASE OF INFLAMED LUNGS IN AN INFANT;
DEATH FROM NEGLECT: INQUEST.

An inquest was held at Stratford-on-Avon, on Saturday, November 28, before H. O. Hunt, Esq., Coroner, on the body of an infant, aged three months, the son of a labouring man named Taylor. The first witness called was the mother of the infant, Caroline, wife of John Taylor. The child was about twelve weeks old, and had been unwell a fortnight; on Wednesday it was worse, and she went to a chemist, whose assistant gave her a cough mixture, and requested her to call again in the evening, when his master would be at home: she did so, and received another mixture, which appeared to relieve the child. On Thursday evening she thought the infant so much better that, with the advice of a neighbour, she went to bed early; about five o'clock in the morning she awoke, and perceived a change in the appearance of the child, and called up a young woman who slept in the same room, and who knocked against the wall for a neighbour, but before she could come in the child died. F. Pritchard, Esq., in his evidence, said he had made a *post-mortem* examination of the body; found the lungs inflamed, and in a state of congestion, the viscera and bowels in a healthy state. He considered the immediate cause of the child's death was inflammation of the lungs, and had no doubt, if proper medical advice had been obtained a fortnight sooner, the child's life would have been saved. Verdict, "Died from inflammation of the lungs." The Coroner afterwards addressed the mother of the child, and said it could not be too widely known amongst the poor that medical aid could at any time be obtained by applying to any of the district medical officers of the Union.

[The foregoing case is but an example of what is of every day occurrence; but it is only by recording such cases as they arise, that the public attention can be roused, and this most helpless class of victims to a wretched system be preserved from similar suffering.]

EMPLOYMENT OF GUN-COTTON IN CUPPING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

It may be useful to those of your readers who undertake the practical part of cupping, to know the value of gun-cotton in exhausting the air from the glasses; for having so employed it myself on several occasions, I can recommend it as possessing a decided superiority over spirit; besides, its lightness and portability is an advantage at times.

A very small portion is placed within the glass, and before a piece of lighted paper can be well introduced, from its highly inflammable nature it becomes ignited, imparting merely to the surface enclosed an agreeable warmth.

I am, Sir,

Yours respectfully,

A MEMBER.

Kidderminster,

December 1st, 1846.

MR. HASSALL'S WORK ON MICROSCOPIC ANATOMY.

We are glad to perceive from the following letter addressed to the Editor of the *Lancet* that the suggestion made in this Journal a short time back for a reprint of some of the earlier plates of this excellent work is about to be adopted.

"Sir,—As the first seven plates of Mr. Hassall's Microscopic Anatomy have not been printed so satisfactorily as was anticipated, it is the intention of that gentleman to supply the purchasers with fresh impressions. Plates 1 to 7 will therefore be given with the forthcoming part for January, 1847, when it is hoped that all who have subscribed to the work will receive them; however, in the event of any subscribers not doing so, application should be made through their booksellers to the publisher, Mr. Highley, Fleet-street, who will supply good copies gratuitously; the plates are now all coloured by hand, and convey a more correct idea of the microscopic appearances of the subjects selected.

"The cause of the failure of the first plates is attributable to the borders and subjects having been made on the same stone; thus the quantity of ink requisite to keep the setting black and full, completely destroyed the softness so characteristic of lithographic drawings.

"The subjects figured under the microscope were all made with the greatest attention to accuracy; it is therefore to the error in printing alone that the coarseness of the rejected plates is to be attributed.—I am, Sir, yours most respectfully, "HENRY MILLER.
"Notting-hill, Dec., 1846."

QUEEN'S COLLEGE, BIRMINGHAM.

At the monthly Council of Queen's College, held on Wednesday last, the Right Hon. Lord Lyttelton, the Principal, in the chair, the Rev. James Taylor, M.A., of Trinity College, Cambridge, a married clergyman, was unanimously appointed to receive into his residence in the immediate neighbourhood of the institution, the students of the junior department; and Edmund Day, Esq., was unanimously appointed resident medical tutor.

ROYAL SOCIETY.

At the Anniversary Meeting of the Society, held on Monday, November 30th, the Marquis of Northampton, President, in the chair, the Copley gold medal was awarded to M. Le Verrier, for the discovery of the new planet; a Royal gold medal and the Romford gold medal were awarded to Professor Faraday, for his researches on Magnetism; and the second gold medal was awarded to Professor Owen, for his paper on the Belemnite.

MEDICAL INTELLIGENCE.

Dr. R. G. Latham has been elected Assistant-Physician to the Middlesex Hospital, in the room of Dr. Seth Thompson, resigned.

Mr. Anthony White has resigned the office of Surgeon to the Westminster Hospital. Mr. B. Phillips is a

candidate for the vacant appointment; and Mr. J. Erichsen, Mr. B. W. Holt, and Mr. C. G. Guthrie, are candidates for the office of Assistant-Surgeon, in the room of Mr. Phillips.

On Friday, December 4th, William Peers Ormerod, Esq., Fellow of the Royal College of Surgeons, was elected surgeon to the Radcliffe Infirmary, Oxford, in the room of Mr. T. R. Fisher, deceased.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiate, Thursday, Nov. 26th:—Lewis George Broadbent, Hestret New Market, Cumberland; George Williams Caines, Uffculme; Thomas Beswick Purckas, Ross; Alfred Brooks, Clifton, Bristol; Arthur Priest, Waltham Abbey; Thomas James Sturt.

OBITUARY.

Died, November 19th, suddenly, from apoplexy, aged 36, John W. Coster, M.D., of Southam.

August 11th, at Cape Coast Castle, Western Africa, from the fever of the country, John Lilley, Esq., aged 39, Colonial Surgeon.

BOOKS RECEIVED.

A Tabular View of the Physical Signs and Diagnosis of the Diseases of the Lungs; with a Synopsis of the Signs which occur in each Disease. By James Turnbull, M.D., Physician to the Liverpool Northern Hospital. London: Churchill.

An Essay on the Tongue, in Functional Derangement of the Stomach and Bowels, and on the Appropriate Treatment, &c. By Edward Williams, M.D., Cantab., Senior Physician to the Essex and Colchester Hospital. Second edition. London: Simpkin and Marshall: Renshaw. 1846. 8vo., pp. 236.

A System of Surgery. By J. M. Chelius, Doctor in Medicine and Surgery, &c. Translated from the German, and accompanied with Additional Notes and Observations. By John F. South, Professor of Surgery to the Royal College of Surgeons of England, and Surgeon to St. Thomas's Hospital. Part XIV. London: Renshaw.

The First of a Series of Lectures, delivered at the Mechanics' Institution, Southampton Buildings, Chancery Lane, November 27th, 1846, on the Actual Condition of the Metropolitan Grave-Yards. By George Alfred Walker, Surgeon, &c. London: Longmans. 1846. 8vo. pp. 25.

State of an Institution near York, called the Retreat, for Persons Afflicted with Disorders of the Mind. Fiftieth Report. York. 1846.

TO CORRESPONDENTS.

Communications have been received from Dr. Chambers; Mr. W. H. Bainbridge; Dr. Durrant; Mr. Addison.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

THE FOLLOWING ARE
THE PRINCIPAL OBJECTS
TO WHICH THE ATTENTION OF THE
PROVINCIAL
MEDICAL AND SURGICAL ASSOCIATION
IS DIRECTED.

1st. **C**OLLECTION of useful information, whether speculative or practical, through Original Essays, or Reports of Provincial Hospitals, Infirmaries, or Dispensaries, or of private practice.

2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

PAYMENT OF SUBSCRIPTIONS, &c.

23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Robarts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Wood-cuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

JUST PUBLISHED, VOL. II., NEW SERIES.
THE TRANSACTIONS
OF THE
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO; SHERWOOD, GILBERT, AND PIPER, PATERNOSTER ROW;
AND DEIGHTON, WORCESTER.

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- II.—Retrospect of Anatomy and Physiology, for the year 1843-4; delivered at the Twelfth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Northampton, on Wednesday and Thursday, August 7th and 8th, 1844. By WILLIAM BUDD, M.D., Edin., Physician to St. Peter's Hospital, Bristol.
- III.—The Varieties, Causes, Pathology, and Treatment, of the Inflammatory Affections of the Retina. By EDWARD OCTAVIUS HOCKEN, M.D., Physician to the Blenheim Street Infirmary and Free Dispensary, &c.
- IV.—An Essay, Literary and Practical, on Inversio Uteri. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c. (*With Plates and Wood-Cuts.*)
- V.—Case of Congenital Malformation of the Urinary Organs; read at the Anniversary Meeting of the "Provincial Medical and Surgical Association," at Northampton, Thursday, August 8th, 1844. By HENRY GILES, Esq. (*With a Plate*)

VOL. II.

- I.—The Retrospective Address, delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By EDWARD CHARLTON, M.D., Lecturer on the Practice of Physic in the School of Medicine and Surgery, Newcastle-upon-Tyne.
- II.—The Retrospective Address in Surgery, for the year 1844-5; delivered at the Thirteenth Anniversary Meeting of the "Provincial Medical and Surgical Association," held at Sheffield, on Wednesday and Thursday, July 30th and 31st, 1845. By THOMAS P. TEALE, Esq., F.L.S., Surgeon to the Leeds General Infirmary.
- III.—On Grinders' Asthma. By CHARLES FOX FAVELL, M.D., Physician to the Sheffield Infirmary.
- IV.—On the Inverted Displacement of the Urinary Bladder, with a Case. By JOHN GREEN CROSSE, Esq., Senior Surgeon to the Norfolk and Norwich Hospital, &c.
- V.—Report of the Reading Dispensary, for the year 1841, 1842, 1843, 1844. By CHARLES COWAN, M.D., E. & P., Physician to the Royal Berkshire Hospital, and Reading Dispensary.
- VI.—A Statistical Report of the Surgical In-Patients of the Royal Berkshire Hospital, from its Establishment, May, 1839, to May, 1845. By GEORGE MAY, Esq., Fellow of the Royal College of Surgeons, London, Surgeon to the Royal Berkshire Hospital.

ALSO MAY BE HAD,

Vols. 1 to 12, (Old Series,) can be had at the Publishers, they having now procured a few copies of Vols. 4 and 10, for Gentlemen who are desirous of completing their sets.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASE OF OVARIAN DROPSY:

TREATED IN THE FIRST INSTANCE BY TAPPING;
SECONDLY, CURED SPONTANEOUSLY BY THE ACCI-
DENTAL RUPTURE OF THE CYST; AND, LASTLY,
ON THE DEVELOPMENT OF A NEW CYST, suc-
CESSFULLY TERMINATED BY A SIMPLE MODE OF
OPERATION.

By W. H. BAINBRIGGE, Esq., F.R.C.S., Surgeon to
the Northern Hospital, Liverpool.

On the 21st of January, 1842, I was called in to see Mrs. —, a married lady, aged 31, having had no children, whom I found suffering from a large tumour of the abdomen, which in size considerably exceeded that of the uterus in the ninth month of pregnancy. She complained also of a small tumour, which, as she informed me, protruded externally from the vagina, causing great uneasiness and preventing her moving about. She said that when she lay on her back with the hips raised, it partially disappeared, and that in the act of coughing it was forced forwards and fluctuated very perceptibly. She was in a state of great general debility and depression of spirits, much emaciated and labouring under intense dyspnoea.

On enquiring into the history of the case, I learnt that about eighteen months previously she had, for the first time, observed a slight enlargement of the left side which had gone on gradually increasing from that to the present. Simultaneously with this, she had felt occasional sickness, her menstruation had altogether ceased, and there was a well-marked areola around each nipple. Her medical attendant had led her to believe that she was in a state of pregnancy, and would shortly be confined. He had also about a week before, in consultation with another medical gentleman, decided that the small tumour in the vagina should be removed by ligature. To this she demurred, and therefore desired my opinion.

On examining the larger or abdominal tumour I found it fluctuated very freely, from which circumstance and its general appearance, together with the symptoms, &c., I concluded it to be a large *unilocular ovarian cyst*. The smaller or vaginal tumour I did not then examine, but from the patient's own description, it struck me that it was merely a portion of one and the same ovarian sac, pushing forward the vagina, and protruding externally. My opinion, therefore, being opposed to that she had previously received, and the case being one of extreme gravity, I desired a consultation. In consequence, Mr. Bickersteth kindly met me, and after a careful examination of both the larger and the smaller tumour, we agreed that the facts of her

case were as I had supposed. We ascertained that the abdominal tumour was a freely fluctuating cyst, and the patient being laid on her left side, we felt a small tumour of about the size of an orange, protruding an inch and a half or thereabouts externally from the vagina; it fluctuated freely and was easily pushed forwards and outwards by the act of coughing. Having accordingly pronounced it to be a case of *unilocular ovarian dropsy*, of which both tumours were but component parts, the operation for the removal of the smaller tumour by ligature, as recommended antecedently to my visit, was abandoned.

From the extreme anxiety of the lady to have the benefit of further advice, and indeed at my own recommendation also, she proceeded to London, and consulted Sir Charles Clarke, who entirely coincided with me in his view of the case, and recommended the operation of tapping, which was accordingly performed by Sir Benjamin Brodie. An opening was made about an inch and a half below the umbilicus, in the median line, and about twenty-five pints of sero-sanguineous fluid, exhibiting the usual characteristics of the contents of an ovarian cyst, were drawn off. The result was that both tumours immediately disappeared.

She now progressed favourably, somewhat improving in her general health, the only treatment she received being that of tonics, combined with mild aperient medicines. Both tumours, however, gradually reappeared and increased, till at length her distress and inconvenience again became so extreme that it was found necessary to have recourse to the operation of tapping, a second time, on the 16th November of the same year, about nine months from the first operation.

Subsequently to this period, on the gradual return of the disease, a physician of eminence was called in, who with a view to arrest its progress, thought it well to try the hydriodate of potass, and afterwards electro-galvanism, neither of which, however, produced any apparent beneficial effect. The enlargement of the abdomen again proceeding as before, the patient's moral courage at length began to give way, and from a morbid anxiety to conceal her state from her friends, and avoid their marked notice and unwelcome allusions, she adopted the singular expedient of compressing and flattening the tumour anteriorly, by means of a piece of wood placed on the abdomen, and firmly secured by a bandage. This contrivance, while it diminished the prominence of the tumour anteriorly, increased it in the vagina, and necessarily produced distension upwards and laterally, causing great distress and an aggravated state of dyspnoea. I repeatedly and urgently entreated her to desist from this practice, but

all my remonstrances were of no avail. This brings me to an important epoch in the history of the case.

On the 6th of May, 1843, six months after the second operation, I was suddenly sent for, and found the patient in excruciating agony, arising from acute pain in the abdomen. She was drawn double; her countenance was anxious; her pulse low, quick, and flickering. I at once perceived she was attacked with acute peritonitis, and immediately ordered leeches and warm fomentations to be applied to the abdomen. Calomel and opium, in conjunction with salines, were given every six hours.

7th. Somewhat better; pain slightly diminished; countenance more tranquil; pulse not so flickering; tongue furred; bowels constipated. Castor oil and an enema were ordered. The calomel and opium to be continued.

On the evening of the same day the bowels had been evacuated; the pain was still somewhat on the decrease; and on the whole she felt more comfortable.

From this date she progressed favourably until the 20th, when she was so much better as to be able to go to London to see Sir Charles Clarke, which I had recommended her to do, in consequence of her own extreme anxiety respecting her state, as the tumours had rapidly enlarged since the second operation, and with a view to reconcile her to the postponement of a third operation till the latest possible period—a course which I was conscious would be approved of and recommended by Sir Charles, and in which I was not mistaken, for having met him in consultation on the 4th of June, he entirely coincided with me in the propriety of postponement.

On her return home a few days after, she ceased to feel any pain, and it was observed that there was a gradual decrease in the size of the abdomen. This gratifying appearance soon proved to be real, for in about a fortnight from her return home both the abdominal and vaginal tumours had completely subsided. In the mean time she had been passing a large unusual quantity of urine.

From this period, to May, 1844, she rapidly improved and enjoyed apparent good health. About this time, apprehensive that another tumour was forming, she consulted me anew. On examination I found this to be the case, and from the position of the tumour, my first impression was that it had commenced on the right side.* This new tumour slowly developed itself as that on the left had formerly done. It assumed the form of a large fluctuating abdominal tumour, like that of its predecessor, with this difference, that it was unaccompanied by any *decided vaginal protrusion*. About the commencement of 1846, it had enlarged so considerably that she became anxious for something to be done. Allusions were made by her to the major operation, recently performed by Mr. Clay, of Manchester, and others. I directed my serious attention to the subject, and after having carefully considered the danger and the unsatisfactory results, both of this and the other operations recently in use for the cure of this most formidable disease, I decided on proposing the following plan of operation, the details of which I communicated to Mr. Bickersteth, who coincided with me in the propriety of attempting it, and to which my patient consented.

* This may be still a matter of question.

My plan was this:—To make an incision through the abdominal parietes, about three inches in length, draw out a portion of the cyst, say about one half, then evacuate the contents, carefully guarding against any escape of the fluid into the peritoneal cavity; next, remove the outer portion of the cyst, and bring the edges of the remaining part into apposition with the lips of the external wound, with a view to their union by adhesive inflammation, and thus form an opening into the cyst from without, by which its future contents might readily escape.

On the 14th of March, 1846, the operation as described *below* was performed by myself, in the presence of Mr. Bickersteth and Dr. Carson. The patient was placed in a semi-erect position on the edge of the bed. An incision about three inches in length was made in the median line, two inches below the umbilicus, extending through the parietes, and laying bare the external surface of the cyst. On endeavouring to draw out the cyst in order to remove a portion, *as originally intended*, I found that such extensive adhesions existed as to render this part of my plan impracticable, which was perhaps in one sense a favourable circumstance, inasmuch as it prevented any escape of fluid into the peritoneal cavity. Nothing therefore remained but to open the cyst, evacuate its contents, and insert a plug, so as to prevent union of the edges of the wound, and closure of the opening. About *twenty-five* pints of a sero-sanguineous fluid similar to that in the former tumour, were drawn off.

During the four following days there was constant discharge of a similar fluid from the interior of the cyst. On the fifth day it became purulent, thence gradually assumed the character of pure pus, and so continued up to May, amounting on an average to about eight ounces in the twenty-four hours. From this period it began to decrease; meanwhile no bad symptoms appeared. The patient merely laboured under the ordinary effects of the general debility consequent on such a discharge.

It should here be stated that for a month after the operation stimulant and astringent injections were occasionally used, for the purpose of setting up new action and stopping the discharge, but without producing any apparent good effect. Early in June the discharge had so far diminished that the lady was able to undertake a tour through the country, which occupied her until the end of August. On her return home I found the tumour had entirely disappeared. There remained a small fistulous opening in the wound, communicating with the interior of the cyst, and of the size of a common quill, from which scarcely half an ounce of pus was discharging daily. Her general health had been improving during this time, and is now, I am happy to state, perfectly re-established. She is enabled to take her usual exercise, both on foot and horse-back, and experiences no inconvenience beyond that of the daily dressing. The catamenia have never re-appeared in their natural course, but a vicarious bloody discharge from the wound has been established; it generally lasts about three days, accompanied with some pain, and returns at the natural period.

In reviewing this interesting and instructive case, there are certain points which cannot fail to attract attention. The general predisposition to ovarian

disease which appears to have existed in the patient ought to be noticed. When radically cured in the left side, it re-appears after the lapse of a definite though inconsiderable period.

Another point worthy of remark, as obviously suggested by the brief previous history of the case, is the extreme importance of careful examination before pronouncing our diagnosis, or recommending serious operations. I might here ask, what would have been the result, had the ligature been applied as proposed?

The next important feature is the accidental cure of the disease in the left side. There can be little doubt that the acute peritonitis under which I found the patient suffering in May, 1843, had supervened on the rupture of the ovarian cyst, and the effusion of its contents into the peritoneal cavity, and that this rupture was occasioned by the violent pressure exercised upon the cyst, by the piece of wood which the patient had employed to compress and flatten the tumour. The subsequent absorption of the effused fluid, and the sudden and total disappearance of the tumour, are facts deserving attention. A question here incidentally arises, whether and how far pressure of a somewhat similar nature might be advantageously employed in such cases, and under such circumstances? Many of our most valuable hints have been derived from accidents.

I shall now briefly advert to my *original plan* of operation, and to the operation itself. I have already stated, in a few words, my grounds of objection to the modes of operation, &c., of late in use for the cure of this disease, none of which apply to that I have proposed. By establishing a direct communication from without, with the interior of the cyst, I had in view, not only to form an exit for the discharge of the secretion that might subsequently collect in the cyst, but also to set up a new action, and change the nature of the secretion, hoping thereby to effect a radical cure of the disease. By excision of a portion of the cyst, I proposed—first, to diminish the superficial extent of the secreting surface, and thus proportionally reduce the quantity of the subsequent discharge; and, secondly, to prevent the escape of the latter into the peritoneal cavity, by uniting the edges of the cyst to those of the external wound, suggestions for which I am indebted to my friend, Dr. Carson. The *former* object I attained, but was defeated in the *latter* by the adhesions I met with; the case, notwithstanding, *terminated happily*.

When compared with the modes of operation now in use for the eradication of ovarian disease, the plan I have described will, I trust, recommend itself not only by its superior advantages, but also by the absence of the *grave* disadvantages under which they confessedly labour. (The latter remark applies with peculiar significance to the major operation.) It requires no complex preparations or adjuncts; it is perfectly simple and easily performed. It can scarcely be said that there is any danger attending it, if conducted with ordinary skill and care, while the prospects of ultimate success are in the highest degree encouraging both to the patient and the practitioner. When its simplicity and safety, therefore, are taken into account, together with the great probability of its not merely affording temporary relief, but accomplishing a radical cure, it will, I hope, be adopted by my medical brethren in preference to

those from which such fearful mortality, or at least mere temporary relief, have hitherto resulted.

The annals of surgery supply us with many cases in which this operation has been performed safely and successfully;* and others in which nature herself has effected a cure by analogous means; with others, again, in which it has been done by accident and ended well. With this threefold body of evidence in its favour, it has much surprised me that of late it seems to have fallen into complete neglect, and is scarcely so much as talked of, while at the same time a formidable and dangerous operation has been frequently resorted to, and seems to be quite in the ascendant. Is it "the pomp and circumstance" of a grand display of what nature may be able to bear, and art to achieve, though made at a great risk and alarming sacrifice of life, that has led astray the sober judgment of some members of the profession, and dazzled the imagination of others? The boast of modern surgery is to simplify, and to imitate nature as closely as possible. Why should it not be verified in this particular department?

A further question naturally presents itself, in conclusion, relative to the *continuance of the discharge*. Does nature still maintain it, in order to suppress or extinguish the apparent or rather obvious predisposition to ovarian disease, which has for so many years displayed itself in this case?

I shall feel only too happy, if in bringing this case prominently forward, and making these remarks, I succeed in re-calling attention to an operation that has singularly fallen into unmerited obscurity, convinced that its general adoption will rescue many a victim that may otherwise succumb either to the disease or to the scalpel.

* The ratio of mortality may be grossly stated at 1 in 15 or 16.

Everton, Liverpool, Dec. 4, 1846.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster Hospital.

LECTURE IV.

(Concluded from page 584.)

The bed next to the case just detailed, affords me the opportunity to point out to you some of the more interesting features of acute rheumatism.

The patient is a labouring man, of forty-five years of age, of a dark swarthy complexion, and strong muscular frame; had been ill ten days previous to admission; was first affected with pains in his limbs, aggravated at night; he then had some shivering, with loss of appetite, and much thirst. He perspired copiously at night and he noticed that his urine scalded him on micturition, and that it was of a light orange red when passed, but became opaque and pink from a copious deposit, on cooling. He attributes his illness to sleeping in a damp bed. On admission he complained of severe gnawing pain in all his extremities, referred more particularly to the deep-seated muscles and tendons of the feet and hands; described as erratic—now, as a violent paroxysm of pain in the calf of the leg, and in a minute or two darting with lancinating

agony to the shoulder, deltoid and larger muscles of the humerus. The pain is much augmented by motion and by heat. There was no swelling nor redness in any of the joints; the heart's impulse was natural, sounds rhythmical and clear; the skin was of a febrile heat, clammy and moist; the pulse was sharp and jerking; the tongue was coated with a creamy fur; the bowels were torpid, and the urine was stated to be scanty and sedimentitious.

He was ordered to be placed in a hot bath, and to remain in it till copious sudoresis was established. Hydrarg. Chloridi, gr. ij; Opii, gr. j., omni nocte. Vin. Sem. Colchici, dr. ss.; Magnæ Carb., gr. xv.; Magn. Sulphatis, dr. ij.; Aquæ Menthæ Pip., oz. j. M. Fiat haustus bis die sumendus.

These draughts induced free action in the bowels; the dejections were literally black, an appearance not unusual in rheumatic fever. He had perspired freely during the night, and the perspiratory fluid had a strong acescent odour. The pulse was full and labouring, 96; the tongue coated but moist. On examining the region of the heart, there was a greater extent of dullness than natural, and the heart's sounds were muffled; there was, however, no increased impulse, nor any fit of palpitation, nor any dyspnoea; it was but the premonitory condition to more serious mischief, if not checked. A blister was placed over the region of the heart. Hydrarg. Chloridi, gr. j.; Opii, gr. ss.; Antim. Pot. Tart., gr. ʒ.; quartis horis; and the colchicum draught to be continued; also the baths.

This kept the tendency to metastasis to the heart down; for the report states the next day, that the skin was hot but moist, with a very sour and offensive perspiration; the sudoresis had been very profuse during the night, but the pain in the limbs had become much diminished; the urine was copious and clear, no sediment, but still high coloured; the cardiac region was quiet, the heart's sound still obscured, and dullness over a greater space; the tongue was brown, and inclined to be dry, but moist at the edges; the fecal evacuations were, however, still black and offensive, and the bowels torpid. The remedies were continued. Ordered, in addition, the nitre drink, made by dissolving an ounce of nitre in four quarts of water, and adding the juice of a lemon, with a slice of peel, and sugar, to flavour it to the palate. This was directed to be drunk *ad libitum*.

On the 6th the pulse had fallen to 82, and was full, but had lost much of its rheumatic character; the bowels acted freely, but educt still dark-coloured, and far from healthy; urine clear, and of less specific gravity, 1.016; perspiratory secretion very copious, very offensive and acescent; no sudamina; there was less dullness around the cardiac region, and the heart's sounds were clear; no increased impulse; pain had disappeared, except in the tendons of the wrist of the right arm. On the 7th and 8th the alvine excretions seemed much improved, some appearance of bile in them. As all the symptoms had become mitigated, the calomel and antimony were withdrawn; but although he had taken six pills daily for four days, no indications of ptyalism appeared. On the 9th and 10th still further improvement manifested itself; all cardiac symptoms had disappeared; there was occasional paroxysm of pain in shoulders and wrist. He was ordered Hydrarg. cum Crota, gr. v.; Pulv. Ipecac. Co., gr. v., bis die. On the

11th the cutaneous secretion had lost its peculiar odour, was less copious; the urine had become increased in quantity, clear, bright-coloured; the bowels acted freely; bilious evacuations. On the 13th faint indications of ptyalism were detected by a slight mercurial foetor and redness of the gums, but no tenderness perceptible to the patient. The mercurial was withdrawn. No pain of any kind was present on the 14th; the tongue was cleaning; there was no thirst; had a relish for his beef tea; and he slept without the aid of a narcotic. It was now only necessary to aid his return to convalescence by appropriate tonics and diet; and this day, the 19th, he is declared convalescent, and placed on middle diet.

Although rheumatic fever can scarcely be said to comprehend two species, yet it is not difficult to recognise two varieties of the same disease, differing only in their external manifestations; the fundamental symptoms, and pathological conditions of each being similar. In each there is high and turbulent febrile action; rigors; anorexia; hot skin; acescent perspirations; thirst; deprived alvine and urinary secretions; urine highly azotised; full-bounding pulse; erratic pains; and a tendency to metastasis of both pain and inflammation from part to part: but in the one there is no evidence of any superficial inflammatory action; in the other such conditions are present. In the one there is no external redness or swelling—nothing for the eye to indicate inflammatory action; the deep-seated muscles are the abode of pain, and sometimes the muscles of the limb are sensitive to pressure, most acutely so to motion; but the skin is not inflamed nor painful. In the other variety the joints are tumid, red, hot, and painful; so exquisitely sensitive that a patient will shriek and shrink at the mere approach of anything that may touch the affected part, even the weight of the bed-clothes is at times with difficulty borne. Every joint in turn may become invaded by this specific inflammatory action; sometimes originating in the ankles or metatarsal joints, it will fly to the knees, and thence make a sudden transition to the shoulders, elbows, or wrists; or these may escape, and the metacarpal and phalangeal joints become the site of the morbid action. The affected spots are swollen, glossy, red, and acutely painful to both touch and motion. No such conditions appear in the former variety, of which the case just recorded is an example. This form or variety of rheumatic fever has been called diffuse muscular rheumatic fever, in contradistinction to the other, which has been named acute rheumatic fever, arthritic rheumatism, arthritis, and rheumatic gout.

So long as the name of a disease does not confound it with other diseases, or express merely a symptom rather than a series of symptoms, there can be no objection to terms which imply certain manifest concomitants of the disease; and in this case the term arthritic rheumatism merely indicates rheumatic fever, with external evidence of inflammation of the joints. Yet, what I wish most earnestly to impress upon you is, that though there may be some difference in the external manifestations of the fever, there is fundamentally no difference as to the cause or pathological condition in these two varieties, and consequently there cannot and ought not to be any difference in the principles or plan of our treatment. In each of these varieties the pain is erratic and acute, and always

aggravated by motion; heat also increases the suffering, and consequently the symptoms are worse at night; there is a similar tendency to metastasis in both. The predisposition to cardiac affection in either variety is inversely as the age, and directly in proportion to the quantity of blood abstracted from the system in the earlier stages of the fever; that is to say the period of childhood and puberty is more prone to heart-disease from rheumatism than manhood and adult age; and that in every period, but more especially in the young, the migration of inflammation to the fibrous tissues of the heart is encouraged and called forth by repeated blood-letting in the earlier stages of the disease.

The case before us belongs to the first variety and may be termed rheumatic fever, with diffuse muscular inflammation, to the features of which case I wish more particularly to confine your attention, leaving to other opportunities, and when we may have an example before us, any further remarks on the arthritic variety of rheumatic fever.

The first condition that fixes our attention in rheumatic fever is the amount and peculiar kind of pain suffered by the patient. Gnawing, aching, darting, are the terms in which it is described; erratic and flying from part to part. Warmth aggravates it—motion aggravates it—cold aggravates it—there is no relief for it but from appropriate internal remedies; and the selection of these is based on the principle of getting the excretory organs at work, and eliminating from the system the morbid material on which this disturbance seems to depend. I say seems, for such would appear to be the proper interpretation of the remedial effects obtained by our treatment. All the agents employed save opium are evacuates, and operate directly or indirectly on one or other of the excreting functions. Now, the products of secretion in rheumatic fever, are all palpable departures from the average composition of these excreta. They are chemically so; and they are even so to common observation. The foetid acid secretions of the skin, the dark, deep, sedimentitious urine, the offensive ultra-bilious dejections—all declare the secretions eliminated from the blood to be vitiated and to contain compounds, organic and inorganic, either in excess, or even foreign to the healthy excretion.

The inference from this is, that till secretion be excited and the blood freed from the organic and inorganic elements of diseased action, pain and disturbance of the proper balance of the functions must continue. Consistent then, with these views, our first object is to unload the intestinal canal of its impure and vitiated contents. A brisk calomel purge, followed by colchicum given in combination with some saline purgative. Now, colchicum in these cases, has no specific virtues—that is, no special counteracting influence against what was conceived to be the rheumatic virus, against which it acted, as an antidote acts upon a poison, either by decomposing it, or by uniting with it and forming an innocuous compound. Such doctrines as these are imaginary and untenable. Colchicum acts in virtue of the gallate of veratria that it contains, as a powerful and energetic purgative, operating upon a full extent of the intestinal canal, and clearing away in its operation depraved mucoid accumulation which obstructed the orifices of the innumerable ducts of the canal, and thus permits the follicular secretion of the

tube again to exercise its essential influence in restoring the regular function of the intestine. Colchicum is better given in small doses repeated twice a-day till the bowels act freely, and the secretions have assumed an improved appearance, rather than in a large dose, which causes too much depression, and is after all not effective in producing brisk cathartic action. Adjuvant to these, hot baths should not be neglected, indeed they serve to carry out the principle laid down as our guide in the treatment of this fever. Hot baths induce free sudoresis, excite the cutaneous capillaries, and obtain from the skin a large amount of secretion, which differs materially in its composition from the perspiration of health, lactic acid being in abundance, and even acetic acid having been detected in it. In this case the ascendent perspirations were extremely well marked; the odour so peculiar, that its presence would of itself indicate a case of rheumatic fever. So intense and profuse is the sudoresis in some cases, that the surface of the skin becomes covered with crops of minute transparent vesicles, filled with a perfectly colourless fluid, and known as *sudamina*. Notwithstanding the profuseness of the sweating in this case, these sweat spots did not appear.

The state of the pulse is peculiar in rheumatic fever. It always assumes a remarkable bounding character; the volume of the artery feels fuller under the finger, and the impulse seems like a leap or bound, as if the vessel possessed a larger amount of elasticity than usual. Such a pulse is termed salient, and it is very characteristic of this fever.

In the majority of cases, indeed I may say, as a general rule, the prognosis is favourable in rheumatic fever, the source of danger being in the tendency to metastasis of inflammation to the heart; and then the danger consists in the subsequent disorganization, and the consequent embarrassment to the circulation and corresponding derangement of function in remote organs occasioned thereby, rather than from any instant or immediate effect on the vital powers. Yet although the danger be remote, it is not the less fatal, and in no disease is vigilance on the part of the physician more imperatively demanded than in rheumatism, constantly to be on the anxious watch for the faintest indications of cardiac metastasis. Do not rest satisfied, that because there is no apparent embarrassment in the breathing, no pain complained of in the præcordial region, no hurry or flutter in the circulation, there is consequently no pericardial or endo-cardial complication. You possess the means—at least experience will furnish you with the means—of detecting the presence of inflammatory mischief in this region, before the constitutional symptoms make it manifest. Percussion and auscultation should be performed daily over the spot recognized as the cardiac region, and the instant any greater extent of dulness is detected, or the sounds of the heart become obscured or muffled, or coarse rough rubbing sound is added to the common systolic and diastolic murmur, no time should be lost, the incipient stage of inflammatory action is only declared, and judicious and prompt treatment will speedily annihilate it. Cupping, blistering, with antimony, calomel, and opium, must be energetically employed. Cupping is far preferable to general bleeding, indeed in young subjects, venesection from the arm in my experience, seems to augment the metastatic tendency,

but local depletion quickly counteracts it. In this case, on the third day after admission, there was dulness in the cardiac region, and the heart's sounds were described as muffled. There was no palpitation, no embarrassment in the breathing, no pain in that region. I did not wait for such symptoms to develop themselves, we might then have been too late to avert the mischief. A large blister was applied all over that side of the chest, and a quarter of a grain of tartar emetic, one grain of calomel, and half a grain of opium were ordered every four hours. These were continued for the three next days, and the cardiac symptoms were kept at bay; and on the fourth day from the first indication of the cardiac disturbance, this region had returned to the natural state. Calomel and antimony exercise a remarkable influence over the inflammatory action in acute rheumatism. I know of no remedy that can be depended on for equal efficacy, or that can be relied on for uniformity or certainty of action to the same degree as the potassio-tartrate of antimony. Its efficacy in inflammatory diseases of the fibrous tissues is, if possible, augmented by combination with calomel, and for the reasons mentioned when speaking of the use of opium in fever, the calomel and antimony should be combined with that drug.

That acute rheumatism is a purely inflammatory disease of a sthenic character every symptom connected with the fever explicitly declares, and that the treatment throughout must be conducted on the strictest antiphlogistic principles is evident, by the success which follows attention to these principles, and the certain prolongation of the disease, and the frequent relapses that occur, when they are neglected. The blood, in acute rheumatism, is identical in character with the blood in the true inflammations. The composition of the urine in the disease is also corroborative of the true inflammatory type; its specific gravity is high, 1.018 to 1.022, its colour is of a very dark orange, even sometimes of a claret-red, there is powerful acid re-action, with copious deposit of the urate of ammonia—sometimes pink, sometimes fawn coloured—and under the microscope, as you saw yesterday in a similar case, among the amorphous grains of the urate were scattered a large quantity of orange-coloured crystals of uric acid, some lozenge shaped, some apparently sections of cylinders, both of which deposits are constantly present in diseases possessing the true inflammatory character.

In the dietetic treatment of the rheumatic fever, the great principle for your guidance should be to avoid as much as possible the more highly azotised elements of food. Farinaceous preparations, gruel, panada, &c., are preferable to beef-tea or meat broths; and when the acme of the fever is passed, much caution is required in the use of animal food and vinous stimuli, for in no inflammatory disease is there so great, or even an equal tendency to relapse, from what may appear but trifling errors in the diet and regimen.

I must postpone to another occasion the observations I had intended to make respecting the use of the nitrate of potass and the nitre-drink in cases of acute rheumatism, and which has been temporarily employed in this case. The success which attends its employment in some cases of rheumatism is unquestionable, and many of you must recollect how extensively I employed it in some similar cases in the early part of last session.

CHOREA IN AFFECTIONS OF THE HEART: BLEEDING IN APOPLEXY.

By RICHARD CHAMBERS, M.D.,
Physician to the Essex and Colchester Hospital.

(Continued from page 585.)

PROPOSITION THE SECOND.

"To what extent does heart-disease exist in Chorea, and what is the nature of the affection?"

Never having had an opportunity of examining the body of an individual the subject of chorea, I am unable to speak positively of the nature of the heart complications. But judging from stethoscopic examination, it appears to be in most cases some imperfection of the mitral or aortic valves, more frequently the former. In a case which I am at this time attending, in a boy aged ten years, there appears to be obstructive aortic, and regurgitant mitral disease. In this case the chorea has yielded to gradually-increased doses of the sulphate of zinc. He is taking fifty-two grains in the day, and exhibits a perfect tolerance of the remedy. As has been remarked by Dr. Babington, by beginning with a half-grain dose, and increasing it one grain daily, we can obtain a tolerance for very large doses of the remedy.

I have never found it necessary to modify the treatment of the chorea in consequence of the heart complications; probably because tonics are suitable for the relief of both affections. I am, however, aware that chorea does occasionally occur in connection with acute heart-affection, in which the latter demands our principal attention. And again in some of the cases, apparently connected with heart-disease, I believe that it is to an impoverished state of the blood we are to look for an explanation of those murmurs that simulate mitral disease. I conclude so, from having seen the murmurs disappear *pari passu* with the removal of the chorea.

PROPOSITION THE THIRD.

"The propriety of bleeding in apoplexy after sixty years of age."

Apoplexy is defined by nosological writers as a loss of consciousness, of feeling, and of voluntary motion, depending upon congestion of the cerebral vessels. If upon examination, a case presents itself corresponding to this definition, there can be no doubt as to the propriety of having recourse to blood-letting for the relief of the congestion, uninfluenced by the consideration of years, except as regards the quantity of blood to be abstracted, or the propriety of its repetition. It is, however, next to an impossibility, to lay down any general rules for our guidance in such cases, as we know, (and practically at least, it is a knowledge of our own time,) that apparently similar diseases are found to exist under the most opposite conditions of the system; and that in many cases resembling apoplexy we have to deal, not with congestion, but with a state of syncope or anæmia. It may by some be supposed that in those varying states the diagnosis is easy; and so it might be if disease at the bed-side was as well defined as we meet with it in systematic works. It must, however, be admitted that this is not the case, and that we but too often find diseases so merged one into another, that it requires the most vigorous efforts of skill and judgment to unravel them, as it were,

for practical purposes. In the disease under consideration we frequently find the diagnosis still more embarrassed by the complication of intoxication.

It is apparent, then, that we are bound to discard all considerations arising from the mere name of a disease, and examine each case upon its own merits.

To illustrate the necessity of attending to this rule, I will briefly consider a few of the more important diseases of the nervous system, closely resembling each other, yet requiring opposite lines of treatment, and depending upon opposite causes.

In apoplexy we have a suspension of the functions of the brain, dependent upon an excess of blood in that organ. In syncope we have a similar state of the cerebral functions from a deficiency of blood.

We have convulsions dependent upon an excess of blood in the brain, as in cerebritis; and *per contra* we have convulsions dependent on a deficiency of blood, as in excessive hæmorrhage.

In the varieties of delirium tremens, in the varieties of puerperal convulsions, and in continued fever, as contrasted with inflammation of the brain, we have a similar type of symptoms, arising under opposite conditions of the system, and requiring opposite modes of treatment.

The delirium tremens which attacks the habitual drunkard, who becomes suddenly deprived of his drink, is in appearance similar to the delirium that attacks the individual of usually temperate habits, during an excessive debauch. But experience tells us that in the one case we have to deal with exhaustion; and in the other, with a state closely bordering upon (if not actually,) inflammation of the brain. The puerperal convulsions that arise during the efforts of parturition, are in appearance the same as the convulsions that come on after the birth of the child, which merely depend upon fatigue, combined, it may be, with too great a loss of blood; and the delirium of fever has so close a resemblance to the delirium of cerebritis, that writers of no mean authority have been induced to view the two diseases as identical, or more properly speaking, to consider the former disease as the consequence of the latter, and to regulate the treatment accordingly. There is not, I am convinced, in the whole range of practical medicine a more fatal error than this; it induces its disciples, (and they are numerous,) to have recourse to blood-letting at a period when their efforts should be directed to the increase and restoration of the vital fluid. I have alluded to blood-letting because it generally stands first on the list of remedies; but it is quite possible to do an equal or even greater amount of mischief by the improper use of purgatives and mercurials.

(To be continued.)

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHES BIRD, one of the Resident Medical Officers.

CASE XV.

STRANGULATED FEMORAL HERNIA.

Elizabeth Grange, aged 55, washerwoman, admitted into the Queen's Hospital, May 31st, at six p.m.

Has been subject for two years to a femoral hernia on the left side, but has never worn a truss. She states that early this morning while pumping, she was seized with a violent pain in the lower part of the bowels, as if something had given way; the swelling in the groin became much larger, and the pain gradually got worse. About an hour before her admission she was sick and vomited the contents of the stomach; the bowels were open this morning before she was taken ill.

When admitted she was in the following state:— There was excessive sickness and vomiting of the contents of the stomach, accompanied with occasional eructations, great thirst, and a pulse about 90. She complained of dragging pain all across the bowels. On examination, a tumour was found under Poupart's ligament of an oblong shape, painful and tender to the touch. The taxis was carefully attempted, but without success; it was also unsuccessfully tried, while the patient was in a hot bath. Towards the morning, Saturday, the belly became rather distended, and the vomiting and the eructations more frequent, the matter vomited being stercoraceous; the tumour was more painful, the patient greatly distressed. After another ineffectual trial of the taxis, (the bladder having been previously emptied,) the operation was decided on, which was performed by Mr. Cox, in the following manner:—

The patient being placed in the recumbent position, the integuments over the tumour were pinched up into a thick fold parallel with Poupart's ligament, and then divided by pushing the scalpel through its base and cutting from within outwards, to the extent of about three inches; the coverings were then divided one after the other; the fatty membrane between the fascia propria and hernial sac was very thick, and was dissected out, in doing which a small artery was divided which required ligature. The sac contained a considerable quantity of serous fluid, a knuckle of intestine, and a considerable portion of omentum. The intestine had suffered much from the constriction and pressure to which it had been subjected, for it was of a dark red colour without spots. The stricture was found to be at the neck of the sac. About four ounces of omentum was cut away; one artery required ligature. After the stricture was divided the intestine readily returned, affording instant relief to the patient, who bore the operation well; the edges of the wound were brought together by two sutures and adhesive plaster, and a compress and bandage applied. She was then carried to her bed and ordered to take the following medicine:—

R. Mist. Salinæ in statu efferves. quartis horis. Lemonade ad libitum.

3rd, p.m. Bowels have been opened since the operation; has not been sick; feels comfortable; slight pain over the stomach on pressure.

June 2nd. Doing well; pulse feeble, 76; tongue coated; bowels rather confined; no sickness; no pain or tenderness of belly. R. Ol. Ricini, dr. ss., statim sumend.

20th. Is rapidly getting convalescent, without any bad symptoms; the wound is quite closed, and the bowels regular; no pain of belly; health good.

On the 26th she was discharged cured. She was ordered to wear a truss, which was procured for her by the Hospital.

To this kind of hernia females are particularly subject. Arnaud* states that nineteen out of twenty married women affected with hernia have this kind, but that not one out of an hundred unmarried females, or out of the same number of men, have this form of the disease. In men the viscera can more easily escape through the inguinal canal following the course of the spermatic cord; in women, on the contrary, an opposite disposition prevails, in consequence of the smallness of the inguinal canal, which only gives passage to the round ligament of the uterus, and besides, is situated lower down and nearer the pubes than it is in men, whilst the crural arch is more extensive.

With regard to the statement that femoral hernia is far more frequent than inguinal in women, M. Malgaigne, a practitioner of vast experience in this disease, maintains that the contrary is the fact. He admits that femoral hernia is more frequently operated upon in women than inguinal, proving only that it is more liable to strangulation. He maintains that the supposed predominance of reducible femoral hernia is attributable to faulty diagnosis. When this was carefully attended to, he invariably found the inguinal most numerous, and of sixty-two female cases he examined in 1835, fifty-four had inguinal, seven femoral, and one both inguinal and femoral hernia. Mr. Teale, in his recent work,† thus writes on this subject: "While I am willing to admit that many inguinal herniæ, have from defective diagnosis, been reported as femoral, and am willing, moreover, to give M. Malgaigne every credit on this subject, I am not at present prepared to acquiesce in his statements, either from my own experience, or above that, from the experience of M. Cloquet, who examined *post mortem*, 121 women affected with hernia, and found that forty-two were affected with the inguinal and seventy-nine with the femoral varieties."

With regard to the management of the omentum, Mr. South‡ observes,—"If the adhesions between the omentum and the sac be old and membranous, and easily divided, it is advisable to do so and return the omentum. But more frequently the adhesions are too short to admit of this, or the surface of the omentum is actually glued to, or so consolidated with, the surface of the sac, that it cannot be set free without cutting through." In this case the omentum would not return, it was therefore removed by incision—a method now advocated by most surgeons. A *small portion* of healthy omentum may be returned; but if there is a *large portion* protruded, although quite healthy, most surgeons advocate its removal. The exposure of it to the air, and the manipulations which would be requisite, would often induce inflammation and gangrene after its return. The removal of the omentum by *incision* is much preferable to the method of allowing it to slough off, which often gives rise to great constitutional disturbance, as also does its removal by the ligature alone; while the hæmorrhage arising from simple excision renders it a dangerous practice. In reference to the practice of excision of the omentum and ligature of its vessels, Sir Astley Cooper states that as far as he has seen, it is unattended with danger.

* On Hernia, 1784.

† "A Practical Treatise on Abdominal Hernia."

‡ "System of Surgery." By J. M. Chelius, Translated by J. S. South,

Mr. Lawrence also speaks confidently of its safety. Mr. Teale remarks, that in those cases in which he has practiced or witnessed the excision of large portions of omentum, the vessels having been secured by ligature, have been amongst the most fortunate of the operations for strangulated hernia which have come under his notice; for the omentum had, to a certain degree, protected the intestine from the pressure of the stricture, and the removal of the omentum had not in any case been followed by evil consequences.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 16, 1846.

A question has lately engaged the attention of some of our medical brethren on the other side of the Channel which involves considerations of importance to the general body. From some transactions which have recently taken place, there seems to have been reason to suspect an intention of those in power in Ireland, to exclude physicians and surgeons from holding magisterial appointments. Whether such intention existed or not, is perhaps doubtful; it is sufficient that the remonstrances made on the subject have had the effect of producing a disclaimer. The subject has been well taken up by the *Dublin Medical Press*, and the following remarks are equally applicable to the modes of procedure too often adopted towards the medical profession by official boards on this side the Channel.

"Those in power," it is well observed, "may rely upon it that in taking any step calculated to lower the medical profession in public estimation, and consequently to diminish the self-respect of medical practitioners, they commit a most egregious and mischievous mistake. Ireland, at this moment especially, cannot dispense with the services of any class of society for general purposes, and above all, cannot dispense with the services of those so well qualified as the members of the medical profession. Let the Government, therefore, instead of repulsing or treating our body with coolness or disrespect, accept thankfully and cordially whatever assistance we proffer or can afford towards the public service. We want no favours, we want no unmerited or unearned rewards; what we want is, that facilities be afforded us, and means permitted us to discharge our duties both professional and social. We tell official people plainly that they should make themselves better acquainted than they are with the real feelings, objects, and wishes, of the medical profession in this country by direct communication with its accredited representatives, or with intelligent individuals in active employments."

The entire community is, and ever must be, under great obligations to the medical profession

for a vast amount of unrequited services rendered. Thus the efforts which are now being made for the improvement of the sanatory condition of the people, owe much of their influence, and all their value, to the investigations and energy of medical practitioners; while the direct effect of such efforts being crowned with success, will be to reduce the amount of sickness, and consequently to lessen the remuneration of those whose calling it is to alleviate or remove it. The enforcement of prophylactic measures, whether on the grand scale of public sanatory regulations, or in individual instances in the domestic management of private families, is never neglected by the medical practitioner; and we do say, that the services at all times so readily bestowed, whether unremunerated, as in hospitals, infirmaries, dispensaries, and by gratuitous advice and assistance, or most imperfectly requited, as in poor-law unions, clubs, &c., challenge, in return, the highest public consideration towards the members of a profession, which in disinterested endeavours to benefit suffering humanity, is equalled by no other.

The Brain and its Physiology; a Critical Disquisition on the Methods of determining the Relations subsisting between the Structure and Functions of the Encephalon. By DANIEL NOBLE, M.R.C.S. London. 1846. pp. 450.

The object of this work is to shew that the methods of investigating the functions of the brain more commonly pursued are fallacious and unphilosophical; that mutilations practised on living animals, comparative anatomy, and pathology, are insufficient for the purpose of developing the physiology of the cerebrum or its parts; and that the right method of detecting the particular physiology of the brain is the study of cerebral development. From this brief notice it will at once be perceived that the work is ostensibly devoted to phrenology. We are bound also, to say, that it is written in a calm and temperate spirit, very different from that adopted by some writers on the subject, and that while the author strenuously contends for the principles which he advocates, as being founded on observation, he by no means gives himself, or requires from others, a blind assent to all that has been advanced in treatises on the same subject, on the existence of various organs, the evidence for which, even on phrenological grounds, is often extremely vague and defective.

But though Mr. Noble disclaims the ordinary modes of investigating the physiology of the brain as capable of primarily demonstrating the functions performed by that organ, he by no means rejects the evidence

derivable from such methods in confirmation of the results deduced by phrenologists, nor disregards that which is (in his view, apparently,) opposed. Accordingly the eighth, ninth, and tenth chapters are devoted to the attempt to reconcile or otherwise explain the facts observed by pathologists, comparative anatomists, and vivisectioners. This portion of the work is therefore especially worthy of the attention of the candid enquirer. Altogether the treatise may be recommended as setting forth in a clear point of view, and in a manner divested of any unwarrantable pretension, the leading doctrines of phrenology; and though it may fail to convince the reader of the truth of the positions contended for, it cannot but inspire him with full confidence in the good faith with which the author advances the results of his own observations, and his reasoning on the observations of others.

Having said thus much on the manner in which the subject is treated, we are induced to correct a misconception of a passage in the *Provincial Journal*, referred to by Mr. Noble, as contained in a notice of Messrs. Todd and Bowman's "Physiological Anatomy." In the notice in question, some observations were quoted on the subject of the instinct of propagation and its seat in the cerebellum. Mr. Noble says that these observations, "in some quarters, would appear to be regarded as possessed of *force*, since, in one of the Journals, (the *Provincial Medical*,) they were quoted as the choice specimen of the work." Now, whatever "*force*" may attach to the observations in question, it is expressly stated in the *Provincial Journal* that the passage was selected as one "which immediately concerns our phrenological friends;" and it is afterwards added, "We have not quoted the preceding passage as affording any indication of the general merits of the work. These are to be estimated mainly from the details of minute and elementary structures, &c."

The quotation was extracted simply as one likely to prove interesting, as exhibiting the views of Dr. Todd and Mr. Bowman on a controverted subject, and that it answered its purpose is proved by Mr. Noble having himself deemed it of "*force*" sufficient to require a separate and extended consideration. To suffer the merits of the "Physiology" of Messrs. Todd and Bowman to rest, even by implication on this individual passage, as the "choice specimen of the work," would be to perpetrate an act of injustice, both towards that truly excellent work, and to its able authors, which we feel convinced would be repugnant to the feelings of Mr. Noble as well as to our own.

IPSWICH MEDICAL SOCIETY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

If the accompanying cases selected from the proceedings of the above Society be thought acceptable for the pages of our Journal, you will oblige me by their insertion.

I am, Sir,

Your obedient Servant,

C. M. DURRANT, M.D.,

Ipswich, December, 1846.

Hon Sec.

APOPLEXY.

A girl, aged 26, while in apparently good health, was suddenly seized with apoplexy. Coma, with dilated pupils obtained from the commencement, and she died in five hours. Bleeding was twice had recourse to without relief.

Inspection. The membranes as well as the substance of the brain were found injected, together with slight but general softening of the entire organ. A coagulum, weighing three ounces, was found lying beneath the pons Varolii, and extending into the fourth ventricle.

In the discussion upon this case, it was thought that in all probability chronic inflammation of the brain had existed for some time previous to the attack, and that the ramollissement was a precursor of the hæmorrhage. The pathological condition of the brain in this instance, was clearly of a totally opposite character to that of elderly persons, in whom hæmorrhagic apoplexy is not unfrequent, and where also, the arteries of the brain are often found to be brittle. An instructive conversation followed upon the important subject of bleeding in apoplexy. It was shewn that this measure should be had recourse to with caution after the patient had passed the age of sixty years.

FACIAL PARALYSIS.

This affection occurred in the case of a young man, of anæmic habit, after a mild course of mercury, administered for suspected secondary syphilis. It commenced with sudden pain in the right ear, not increased by pressure; deafness; pain in the right side of the face; inability to close the right eye, with double vision of that organ. The left side of the face was greatly distorted in consequence of the loss of antagonism in the muscles of the opposite side. The case was cured by the exhibition of quinine.

PARAPLEGIA FROM ASCARIDES.

The disease existed in a child aged twelve months, in whom, in addition to general excitement of the nervous system and irritability, there occurred sudden loss of power in, with greatly exalted sensibility of, the lower extremities. After the complete failure of purgatives, with a view to improve the general tone of the system, the sesquioxide of iron was prescribed, the result of which was the expulsion from the bowels of a firm ball of ascarides, together with a simultaneous and complete relief of all the symptoms.

CHOREA CONFINED TO THE LEFT SIDE.

In this case, occurring in a boy, the entire left side was in a constant state of convulsive action. The free use of purgatives, which brought away an enormous quantity of feculent matter, affected a cure.

NEURALGIA TESTIS.

A young man, aged 18, had been much exposed to privations and the effects of the weather, while surveying the line for one of the Scottish railways. At this period he had frequently been wet for many consecutive hours, at the same time being able to procure but little else than oatmeal cake and whisky. The disease commenced with acute pain in the testis, preventing sleep, uneasiness in the loins, and general debility. He was then seen by a medical practitioner in Scotland, and advised to return home as speedily as possible, as he was the subject of psoas abscess. On his return, his countenance was anxious; tongue tolerably clean; appetite indifferent; bowels sluggish; urine occasionally depositing lithates. He was emaciated, had a slight cough, and was suffering intense pain in both testes, which occurred in paroxysms. On examining these organs, they were neither enlarged, nor painful on pressure. The spermatic cord was healthy. The pain, which occasionally extended down and around the upper part of the thighs was so severe, as entirely to preclude sleep. There existed slight dulness under the right clavicle, with some deficiency of respiration, and a loud bruit in the right subclavian artery; venous murmur was audible in the neck, more particularly, as is generally the case, upon the right side.

The case being regarded as arising from anæmia, he was treated with the syrup of the iodide of iron and nitric acid, with small doses of quinine and colchicum; morphia to procure rest; and leeches below the clavicle to remove the congestion at the apex of the right lung. Under this treatment the pain soon subsided, and the patient gradually but perfectly recovered.

SETONS IN EPILEPSY.

Several cases of sympathetic epilepsy were detailed, in which the most marked benefit had accrued from the introduction of a seton in the nape of the neck. In one case the attacks were completely kept in abeyance by this method, but returned as surely as the seton was removed, and to be again warded off by its re-introduction.

SOFTENING AND RUPTURE OF THE LEFT VENTRICLE OF THE HEART.

An unmarried female, aged 65, having enjoyed tolerable health, complained for a short time previous to her decease of an ill-defined, but not severe pain about the chest. The physical signs of disease were not ascertained. Treatment directed to the stomach afforded considerable relief. Death occurred suddenly. On inspection the pericardium was found distended with coagulated blood; the left ventricle was softened, and a rupture of its walls was discovered near its apex. No other signs of disease presented.

PERICARDITIS; SOFTENING OF THE HEART.

The patient was a soldier, of stout make, and was apparently well up to two days prior to his death. He had served in India, where it was reported that he had lived freely. The only symptoms under which he laboured before death were those of common catarrh.

Inspection. Both pleuræ as well as the pericardium contained a large quantity of serum; the external surface of the pericardium, and also of the heart itself, was covered with flocculent lymph. The substance of the heart was of a peculiar brown colour, completely

softened throughout, and permitting the finger to penetrate into any part of its structure. The valves were healthy.

HEPATIC TUMOUR.

The disease presented in a female six months advanced in pregnancy. The tumour was large and firm, and its margin clearly definable from below the false ribs of the right side towards the umbilicus. On examination it closely resembled in its physical characters scirrhus of the liver. Under the use of local depletion, mercury, and the iodide of potassium, the tumour entirely disappeared.

It was remarked that similar cases are alluded to by Andral and Thompson as arising from congestion of the organ. The former states that he has frequently found this affection to be connected with disease of the heart.

ENTERITIS TREATED BY OPIUM.

The patient was a male, aged about 60, in whom the disease commenced after exposure to cold, with the usual symptoms—vomiting; pain, increased by pressure; constipation; small quick pulse; and subsequently mælena, singultus, tympanitis, and great prostration. Venesection was contra-indicated from the commencement of the attack. Two dozen leeches were three several times applied to the abdomen, and calomel and opium exhibited internally. The symptoms continuing, one grain of opium was prescribed every four hours, together with daily enemata, containing two drachms of the oil of turpentine. An anodyne fomentation, consisting of one ounce of laudanum to two pints of the decoction of papaveris, was applied constantly to the abdomen, covered with oiled silk. The opium was subsequently given in grain doses every two hours. In about a week the patient took one drachm of opium, which neither produced sleep nor clouded the mind. Sleeplessness prevailed throughout the disease. The recovery was complete, the opium being continued for a lengthened period in gradually decreasing doses.

In the discussion that ensued upon this interesting case, it was stated by several members present that they had seen great benefit accrue from the full exhibition of opium in internal inflammation. It was thought by some that the effect was more decided if depletion had been in the first instance adopted.

ACUTE MÆLENA CURED BY GALLIC ACID.

This affection occurred in a youth aged 20, of cachectic habit. Antiphlogistic remedies and the acetate of lead having failed, the oil of turpentine with tincture of opium was prescribed, which in its turn, was of necessity abandoned, in consequence of the supervention of hæmaturia. Gallic acid, in doses of four grains every four hours was now given, in combination with tincture of opium, under the use of which remedy the discharge ceased, and a cure was effected.

ABSENCE OF THE GALL-BLADDER.

An infant, jaundiced from birth, died comatose, after surviving fifteen weeks. On examination the gall-bladder was found wanting.

GALL-STONES.

The patient, a lady, aged 45. The leading symptoms consisted of the recurrence of violent spasms and epigastric pains, recurring about every six days, with collapse, cold extremities, lividity of countenance, and

a hardly perceptible pulse. The treatment had consisted of purgatives, fomentations, and opiates. The symptoms were completely relieved by the passage of four gall-stones, which from their shape had been apparently impacted in the duct as one. These were exhibited.

URIC-ACID CALCULI DISCHARGED FROM AN ABSCESS IN THE LEFT BUTTOCK.

The patient, a female, aged 40, was the mother of three children; she was of full habit, and had previously enjoyed good health. Her symptoms commenced with pain in micturition, accompanied by a sensation of pricking in the region of the left buttock. This continued until the formation of an abscess, from which were discharged two uric-acid calculi.

VICARIOUS MENSTRUATION.

Several cases were detailed in which this affection assumed the character of hæmoptysis and hæmatemesis.

In one case mentioned the catamenial flow took place periodically from the axilla. In another the rectum became the seat of the monthly discharge.

A very singular and interesting instance of vicarious menstruation was related as occurring in three members of the same family. The affection continued only during the early periods of menstruation. The portions of the body from which the discharge exuded in each of the sisters were the lower regions of the abdomen, the inguinal fossæ, and the thighs.

UTERINE HÆMORRHAGE.

The patient, a female, of middle age, of relaxed flabby habit, the mother of twelve children, and at that time supposing herself to be three months advanced in pregnancy. The discharge was profuse. The acetate of lead and ergot of rye totally failing, the oxide of silver was administered in grain doses three times a day, and effected a cure.

STRICTURE OF THE URETHRA; EFFECT OF OPIUM.

An elderly man had for some years been the subject of severe and obstinate stricture of the urethra. The bladder became enormously distended, no urine having passed from the Saturday to the Tuesday. It was determined to puncture the bladder, previous to which operation two grains of opium were directed to be taken every hour. Two doses having been swallowed, the spasms relaxed, and the bladder was relieved without operation.

CONGENITAL HYPERTROPHY OF THE TERMINAL PHALANGES OF THE FINGERS AND TOES.

This affection presented in a boy, aged 8, in whom the terminal phalanges of the fingers and toes, including the nails, were hypertrophied, and resembled in size those of an adult. There existed also congenital valvular disease of the heart.

METHOD OF ARRESTING THE HÆMORRHAGE FROM LEECH BITES.

The following method of arresting the hæmorrhage from leech-bites is proposed by Andrew Marshall, M.D., Belfast, in a communication to the *Dublin Quarterly Journal of Medical Science*:—Finding that an easy and certain method of stopping the bleeding after the application of leeches is still a desideratum, I beg leave, through the medium of your valuable

Journal, briefly to bring before the profession a method which I have successfully employed for many years. This I freely communicated to many of my professional brethren of this town, so soon as I had satisfied myself of its general efficacy; but as we still occasionally hear and read of infants dying in consequence of the application of leeches, I feel the importance of giving it a more extended publicity. The method is simple,—whenever a leech-bite bleeds profusely, and compression cannot be made, as over the neck, abdomen, &c., I wipe the cut quickly with a bit of lint, or fine linen, and while it is comparatively dry, seize a small portion of the integuments surrounding the bite with the finger and thumb of one hand, and between them continue to make a moderate, but not painful, pressure. If the child be restless and struggle I loose the hold, but instantly dry and seize the cut as before. One may be compelled to repeat this process three or four times, but ultimate success is certain. At every subsequent seizure, the hæmorrhage is seen to be more languid; and in a period varying from five to fifteen minutes, is completely suppressed. I may add, that the irritation attendant on leech-bites is not of more frequent occurrence after this pressure.

Necessity led me to this expedient upwards of twenty years ago. A delicate lady, with symptoms of peritonitis, had a number of leeches applied over the abdomen; all the bites ceased to bleed in good time, except three, which continued to pour out arterial coloured blood. I was sent for, used alum and the nitrate of silver, and thought I had suppressed the hæmorrhage, but was again called, and found that more blood had been lost than I intended or wished for. The lady was faint, and no time could be lost; I seized two of the bites in the manner described, and directed the nurse to take hold of the third, while I could procure the assistance of a friend, and consider what could be done further. Immediately afterwards it occurred to me, that if the same moderate pressure could be kept up for a time between the fingers, the bleeding would be suppressed. My anticipations were realized, and all my subsequent experience warrants me in recommending the same easy method for general adoption. I have never since been annoyed by leech-bite hæmorrhage, and do not hesitate to apply leeches in children's diseases over the neck, abdomen, or any other part where the integuments are loose, and can be pinched up, provided there be no morbid sensibility of the skin or subcutaneous tissue.

[Since we received the above most interesting and valuable communication of Dr. Marshall's, we had an opportunity of testing the method there recommended. A child, four years of age, had had a single leech applied about half an inch from the external angle of the eye. It bled so profusely and continuously for the twenty-four hours following, that upon application being made at the hospital, the child was quite blanched. Several methods having been tried in vain to stop the bleeding, we had recourse to the mode of pressure by pinching up the integument between the finger and thumb for about three minutes, and had the satisfaction of finding that it completely arrested the bleeding.—ED.]—*Dublin Quarterly Journal*.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

At the Annual Election Meeting of the Royal College of Physicians, held on the 3rd instant, the following gentlemen were elected office-bearers for the ensuing year:—Dr. Robert Christison, President; Dr. Wm. Beilby, Vice-President; Drs. John Thatcher and John G. M. Burt, Censors; Dr. Charles Ransford, Treasurer; Dr. David Craigie, Secretary; Dr. Wm. Seller, Librarian; Dr. Peter Fairbairn, Fiscal; Dr. James Stark, Keeper of the Museum; Mr. Kenneth Mackenzie, Clerk; Mr. John Small, Under Librarian; Robert Moffat, Officer; Dr. R. Christison, Dr. J. H. Davidson, Dr. Thos. Traill, Dr. Wm. Seller, Dr. George Paterson, Dr. John Moir, Dr. J. H. Bennet, Examiners of Foreign Graduates.

ROYAL COLLEGE OF SURGEONS

Members of the College admitted to the Fellowship by examination on Thursday, December 10th:—R. W. Bloxam, Isle of Wight; G. B. Childs, Fore Street, London; J. Jones, Judd Street, Brunswick Square; F. J. Toulmin, Upper Clapton.

Gentlemen admitted Members on Friday, Dec. 11th, 1846:—H. Haycraft; R. M. Craven; C. Palmer; G. Holland; H. Sutherin; W. H. Clarke; M. Francis; R. Allen; J. S. Beale; G. H. Edwards; C. R. Robinson; J. Kidd.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, December 3rd:—William Ackland, Staplegrave, Somerset; Wm. Brown, Callington; John Harris, Northiam, Sussex.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

VOLUME OF TRANSACTIONS.

It is requested that Members of the Association, whose names, address, or designation, may be defective, or incorrectly inserted, in the printed list published with the last volume of "Transactions," will send the corrections which they wish to be made, as the list of members for the fifteenth volume, (the third of the new series,) is now going through the press.

ROBERT J. N. STREETEN, Secretary.

TO CORRESPONDENTS.

Communications have been received from Dr. Cotton; the Birmingham Pathological Society; the Sheffield Medical Society; Dr. Cullen; Dr. G. P. May; Dr. Ranking; Mr. Bancks.

If Mr. Johnston, of Dover Street, will refer to the *Provincial Journal* for November 25th, and December 2nd, he will see that the subject mentioned in his letter has already been fully noticed.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review, may be addressed to the Editor of the *Provincial Medical and Surgical Journal*, care of Mr. Churchill, Princes Street, Soho.

TO PROVINCIAL MEDICAL AND SURGICAL PRACTITIONERS.

THE FOLLOWING ARE
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TO WHICH THE ATTENTION OF THE
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2nd.—Increase of knowledge of the Medical Topography of England, through statistical, meteorological, geological, and botanical inquiries.

3rd.—Investigations of the modifications of Endemic and Epidemic Diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4th.—Advancement of Medico-Legal Science, through succinct reports of whatever cases may occur in Provincial Courts of Judicature.

5th.—Maintenance of the honour and respectability of the Profession, generally, in the Provinces, by promoting friendly intercourse and free communication of its Members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

THE FOLLOWING ARE THE LAWS, AMONGST OTHERS, OF THE ASSOCIATION:—

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23rd.—Each Member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the first of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary or Secretaries antecedently to the year for which it would be payable; for such subscription each member shall receive a copy of each publication* of the Association issued for the general use of the Members.

24th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own bankers, to Messrs. Roberts and Co., London, for Messrs. Berwick and Co., Worcester, to the credit of the Association, or by a Post-office Order, sent to the President of the Council or the Secretary, which mode of remittance is specially pointed out, from being found the most convenient in conducting the business of the Society.

25th.—That all Papers and other communications be addressed to the Secretary or Secretaries, at Worcester, and forwarded carriage free.

* Fourteen Volumes of the "Transactions" have been published in 8vo., with numerous Plates, Wood-cuts, and Illustrations; and the *Provincial Medical and Surgical Journal* is forwarded weekly by post on the evening of publication.

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By the constitution of the Institute, ONE-THIRD of the existing Council will go out of office in August, 1847.

The following volumes of Books have been already received by the Council towards the formation of a Library:—

- 50 volumes presented by G. J. Squibb, Esq.
- 5 volumes presented by Henry Bateson, Esq.
- 1 volume, Albinus' Edition of Cowper's Anatomy, Fol., 120 plates, presented by Henry Ansell, Esq.
- 1 volume, Report on the Gardner Peerage Case, presented by James Bird, Esq.
- 1 volume, *Collectanea Medico-Chirurgica*, presented by the author, William MacIure, Esq.

Donations of Books and of Anatomical and Pathological Preparations, are received by the Trustees, JAMES CLAYTON, Esq., and THOMAS DAVIS, Esq., at the offices of the Institute.

Members of the profession can obtain information and enrol themselves as members of the Institute, on application at the office, 294, Regent Street.

It is requested that Post-Office Orders be made payable at the Branch Post-Office, Old Cavendish Street; to one of the Treasurers, JOHN DODD, Esq., Portman Street, Portman Square; or EDWARD TEGART, Esq., Pall Mall, and that the gentleman who is to receive the amount be mentioned in the letter of advice.

By order of the Council,

GEORGE ROSS,
Secretary *pro tem*.

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December 8th, 1846.

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WEDNESDAY, DECEMBER 16, 1846.

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ROBERT J. N. STREETEN, M.D.

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PROVINCIAL MEDICAL & SURGICAL JOURNAL.

CASE OF ENCEPHALOID TUMOUR OF THE BLADDER, WITH OBSERVATIONS.

By GEORGE P. MAY, M.D., Maldon.

Miss W.—, aged 37, being previously in good health, and actively employed in the duties of teacher in a ladies' seminary, about two years since, was attacked with hæmaturia, accompanied with pain in the loins, and a sense of bearing-down in the perineum. These symptoms ceased under the use of refrigerant medicines, and acidulated drinks, rest in the recumbent posture being at the same time enjoined. Immunity from this malady however, was not of long duration; any active exertion, or extended walking exercise being frequently sufficient to induce its recurrence. The hæmorrhage at this time was never excessive, the urine exhibiting no trace of blood for more than two or three days at a time. She was able to retain her situation, and to discharge the duties attaching to it until the end of the last year. Whilst spending the Christmas vacation in London, she was attacked with severe hæmorrhage from the urinary organs, the quantity amounting, according to her own estimate, to several pounds of blood. She returned home in January of the present year, her complexion pallid and pasty, physical energies much reduced, and complaining of pain and much sense of weakness in the loins and lower limbs. A few days after her return the hæmorrhage was renewed, which continued in a greater or less degree, without any intermission, for nearly four months. Sometimes the excreted fluid appeared to be for the greater part pure blood, coagulating at the bottom of the vessel; at other times a dark grumous sediment was deposited, the urine being tolerably transparent, but exhibiting a crimson tinge, and an acid re-action. She frequently voided small dark coagula, the passage of which occasioned considerable suffering. The calls to urinate were frequent and imperious, and attended by so much uneasiness in the hypogastric and perineal regions, as sometimes to cause fainting when the act was terminated. She complained very frequently of pain in the loins, which was aggravated by pressure; there was also much tenderness over the region of the bladder. After the hæmorrhage had continued a few weeks, the urine began to exhale an offensive odour, which soon increased to such a degree as to be exceedingly annoying to the poor sufferer. The stomach throughout was capricious and irritable, violent retching being frequently the consequence of taking aliment the most simple in character and sparing in amount. In the month of May the hæmorrhage abated, but the

urine remained very turbid, of a chocolate colour with stringy mucous matter floating in it. Occasionally a quantity of pink deposit, of a gelatinous consistence, was observed at the bottom of the vessel. The catamenia, which was very scanty at the commencement of her illness, soon entirely ceased. In the month of June the urine began to pass involuntarily. The constant oozing of the fluid, which continued to be of a very offensive character, was a source of great annoyance to her; and in spite of every precaution, three superficial sloughs formed on the sacrum and nates. It was suspected that the urine was discharged from the vagina, and not from the meatus; and the investigation after death proved this surmise to have been correct. In this sad condition, and exhibiting all the characteristics of anæmia, she passed the last three months of her life, and died emaciated to an extreme degree, September 5th.

It soon became evident that the nature of the case admitted but of a palliative treatment. Sulphuric acid, tincture of sesquichloride of iron, diacetate of lead, injection of cold water into the rectum, &c., were tried, with the view of checking the hæmorrhage, but with slight appreciable benefit. The excessive irritability of the stomach was sometimes allayed by prussic acid and effervescent. During her whole illness she found much relief from the use of acetate of morphia, which was very effective in alleviating her pain, tranquillizing the nervous system, and allaying vomiting and nausea.

Autopsy thirty-six hours after death. On opening the bladder, a few drachms of brown turbid urine were observed, containing some loose particles of white flocculent matter. A little below the neck of the viscus, and towards the right side, a tumour presented itself, irregular in form, about the bulk of a small orange. Its surface was broken down, and of a creamy consistence. In the centre, and towards the base, its character was firmer, intimately resembling cerebral matter in its colour, consistence, and general aspect. It was firmly and inextricably attached to the tissues of the bladder. The mucous lining was pulpy and thickened. In close proximity to the tumour, and towards the base of the bladder, was an aperture communicating with the vagina large enough to admit the tip of the forefinger; its edges were ragged and surrounded by an irregular deposit of medullary matter, similar to that of the larger mass. The left kidney appeared to be twice its natural size, mottled externally; the cortical and tubular structures were nearly obliterated, and their place supplied by an homogeneous granular degeneration of a yellowish colour, the

granules being distinctly visible without magnifying aid; the pelvis and infundibula were dilated, and their lining membrane exhibited a vascular arborescent appearance. The rest of the abdominal viscera were healthy. Circumstances prevented an examination of the contents of the thorax.

Remarks.—In this case during the early stage of the disorder, some doubt existed as to the source of the hæmorrhage. The acute pain which the patient sometimes suffered in the loins, and which was generally brought on or aggravated by exercise, warranted a suspicion that the seat of hæmorrhage was in the kidney, and probably induced by the presence of a calculus. A closer investigation, however, satisfied me that the *fons et origo* was of a different character and in a different situation. A catheter was introduced into the bladder, which caused much pain in its passage from extreme sensitiveness of the meatus and neck of the organ. The instrument on passing the neck, received a direction towards the fundus. An obstruction was felt when the point was attempted to be passed downwards, and the effort was attended with excessive pain. The finger was then introduced into the rectum, and on turning the point upwards in the direction of the pubes, the existence of a somewhat bulky mass was detected, not very distinctly but sufficiently so to convince me of the presence of some abnormal growth connected with the bladder. The result of this examination, together with the presence, in all their severity, of the symptoms above detailed, left little doubt in my own mind and that of my father, (who assisted me in the examination and treatment of the case,) of the existence of a malignant formation in the bladder, and established a conviction of the hopeless condition of the patient.

Hæmorrhage from the urinary organs is a symptom which usually gives rise to much anxiety in the mind of the patient, and it becomes a matter of importance to determine its source, and the pathological conditions which give rise to it, as in many instances it depends on circumstances transitory or remediable, whilst in others it is consequent upon extensive organic changes, which baffle all the appliances of medical art. When the hæmorrhage arises from local injuries, the use of cantharides, turpentine, &c., vesical calculi, purpura, and in the course of adynamic fevers, the cause of the discharge is tolerably evident, but when it is consequent upon calculi in the kidney, or malignant growths in those organs, or in the bladder, the diagnosis is more obscure. I am inclined to think that much reliance cannot be placed on the appearance of the blood, as furnishing evidence of the seat of discharge, and with the utmost respect to the high authority of Dr. Prout, I doubt whether the equal diffusion of blood through the urine can be regarded as conclusive evidence of hæmorrhage from the kidney, as the same condition may and does obtain when the blood is furnished by the bladder. The accumulation of coagula in the bladder, occasioning pain and a sense of distension and a bearing upon the perineum, may induce a suspicion that the bladder is the seat of malady, and on the other hand pain in the lumbar region, and tenderness on pressure over the situation of the kidney, (connected it may be, with disease of that organ,) may exist in a great degree, as in the case already detailed,

whilst the hæmorrhage in fact arises from morbid structure in the bladder.

I have in my possession two calculi which I extracted a few years since from the right kidney of a woman, who died from long continued hæmaturia. They occupied the entire cavity of the pelvis of the kidney, and one of them, the size of a small nutmeg, is furnished with a sharp spine similar to a bramble thorn. Much of her suffering, which was at times excruciating, was referred to the rectum. She laboured under obstinate costiveness, and the passage of a small faecal mass was invariably attended with great pain. No stricture nor disease of the lower bowel could be discovered during life, and the *post-mortem* examination revealed an entirely healthy state of the whole alimentary tube. I am of opinion that the frequent presence of coagula in the bladder gave rise to the uneasiness which was referred to the rectum, and interfered with the healthy performance of its functions.

When, however, it occurs that pure blood follows the termination of the act of micturition, the urine at the commencement being tolerably clear, there is sufficient evidence that the blood is yielded by the bladder, and if any fragments of encephaloid matter be detected in the excretion, the diagnosis will be put beyond doubt, and in this case the microscope will be an important auxiliary. In cases where there is reason to suspect encephaloid disease in the bladder, Sir Benjamin Brodie has advised that the organ shall be injected with tepid water, and exploration made with a sound or catheter having a considerable curve, and if in connection with this, the examination of the bladder through the rectum be invariably resorted to, in some instances our means of diagnosis may be materially strengthened.

Maldon, Dec. 10, 1846.

ON THE EMPLOYMENT OF OPIUM IN INFLAMMATION.

By W. H. RANKING, M.D., Physician to the Suffolk General Hospital.

A correspondent of the *Provincial Medical Journal*, who propounded a short time since a number of queries, to one of which the following observations are intended as a reply, appears to have taken a correct view of the requirements of medical science in the present day, and has adopted an excellent means of obtaining a fulfilment of at least some of them. There can be little doubt in the mind of the reflective practitioner that our chief want is a correct appreciation of the nature, value, and applicability of our therapeutic resources; a knowledge of what they are capable and what they are incapable of doing; and when good arises from their use, of how much is to be considered as the *post hoc* only;—how much the *propter hoc*. He must see that there is a Scylla and Charybdis in the treatment of disease as well as in other things; that on one side of us is an overweening dependence upon drugs to the despisal of the powers of nature; on the other too great a reliance on the powers of nature, to the refusal, almost impious, of the aid of the many medicinal agents which we cannot conceive that a beneficent Creator would have placed at our disposal if they had not some property which ought to cause

them to be received by us as a boon. To learn the landmarks of this narrow and difficult channel, and to keep his attention upon the destructive webs of medical scepticism on one side, and pharmacolatry on the other, should be, we think, the subject which ought now to assume a prominent place in the attention of the medical investigator, and I trust that it will be materially elucidated in the communications which the queries alluded to are calculated to elicit.

The legitimate sphere of action of *opium* in the treatment of inflammatory diseases is, we conceive, a point upon which our notions have arrived at tolerable precision. Under whatever modifications of individual circumstances attending such diseases the beneficial action of *opium* is observed, one well-marked morbid condition has, according to our observation, existed in every case, and that is an excitement of the nervous system, altogether disproportionate to the exaggeration of vascular action. This excitement is not shewn in the existence of spontaneous pain alone, as we know that that symptom may be insignificant or altogether absent in instances of the most extensive and destructive inflammation; neither is it shewn mainly by increased sensibility to local impressions. The excitement to which we allude exhibits itself in disorders of the sensory and motor functions of the nervous system chiefly, and consists in watchfulness, or transient delirium, irregular respiration, and especially in restlessness and jactitation. In this condition of things, whatever be the violence of the local inflammation, or whatever organ be affected, (excepting the brain in some instances,) *opium* is imperatively called for. In other words, whenever, during the existence of inflammation, symptoms indicative of a loss of balance between the nervous and vascular systems exhibit themselves, sedative medicines are demanded in doses proportionate to the nervous preponderance.

This want of balance declares itself, we believe, chiefly under two conditions—1st, the existence of inflammation in a constitution naturally excitable, or in which the general powers have been reduced by the disease itself, by treatment, or by contingent circumstances, relating to food, air, &c.; and, 2nd, in inflammation of such organs or tissues, the implication of which induces a state of things more or less approaching to that condition which, for want of a better term, we are in the habit of calling *shock*. In illustration of the first division, we may mention inflammation occurring in the hysterical constitution. In these cases the phenomena which depend upon irritation of the nervous centres take so decided a lead in the symptomatology of the case, that until they are controlled by *opium*, or some, under certain circumstances, more appropriate sedative, the inflammatory symptoms proper do not display themselves with their characteristic features. Again, inflammation may attack an ill-fed or previously debilitated individual; or the inflammation may have been too actively combatted by blood-letting, mercury, &c., without reference to the deficient resiliency of constitution, which, in children more particularly, may lurk behind an appearance ostensibly robust. In these cases there may exist from the first, or there comes on assuredly at no distant period, a condition in which *opium* becomes necessary to save life, to prevent, in fact, in the latter case, the anomaly of the patient "dying cured."

Under the second class of cases in which *opium* becomes a necessary part of the treatment, or is even mainly to be relied upon, is inflammation of an organ or tissue largely supplied with ganglionic nerves, and in which, for this reason, the nervous system requires a large share of attention in the treatment of the case. Such is peritonitis or enteritis, either idiopathic or secondary; such are, also, one form of delirium tremens, diffuse cellular inflammation, and more particularly phlebitis, the inner membrane of veins having the closest analogy to serous membrane in many respects, but especially in its large supply of organic nerves. In all these inflammations the usual battery of antiphlogistics are worse than useless, unless combined with the liberal exhibition of *opium*.

The symptoms either existing *ab initio*, or as is more commonly the case, coming on in the course of the disease, which indicate the necessity for *opium*, can only become familiar to the practitioner by clinical observation; but as far as written descriptions can be relied upon, it may be stated, that the broad expression of this condition consists in a failure in the power or regularity of the pulse, pallor of the countenance, moist skin, (but not in all cases,) tendency to incoherence, with restlessness, sleeplessness, and in an aggravated form, jactitation. This is the broad outline, so to speak, of the state referred to, but it declares itself in minor degrees, with which experience alone can render us familiar, and the appreciation of which is in itself sufficient in many cases to make the difference between a successful and an unsuccessful practitioner; for to persevere in antiphlogistic treatment, or to withhold *opium*, when these indications offer themselves, is to destroy the patient.

In the exhibition of *opium* when these symptoms shew themselves in inflammation, I know of no drawback,—no contra-indication which should weigh for one moment against its paramount necessity. Be the skin sweating or dry, the tongue moist or dry, the bowels constipated or not, *opium* must be given. The constipated bowels which Dr. Chambers, in the last number of this Journal, seems to regard as inducing the necessity for hesitation in the use of the medicine, I regard as of the least importance in the generality of inflammations; in some, as in enteritis, a quiescent state of the bowels is even needful; and were it not so, the probability is, that if the case has been properly managed at first, such a clearance would have been effected as will render any risk from accumulation comparatively small.

These observations are not intended to offer any new ideas, or even any remarkably good exposition of old ones, but more as an effort by example, to tempt many of the members of our excellent Association, to draw from the rich stores of practical learning which I know to be possessed by them.

Bury St. Edmunds, Dec. 4, 1846.

I have just read Professor Syme's communication upon "Amputation of the Thigh".* My "opportunity of observation" may not have been "sufficient" to justify my expressing an opinion in opposition to the alleged "undeniable facts" of so high an authority; nevertheless, the results of the above-named amputations, and of many others which I have witnessed and conducted in public and private practice, have not impressed me with the fear of mischief arising from the exposure "of dense bone, together with the contents of its medullary cavity," or of "the frequent deaths from the effects of separation of the thigh at its centre."†

In each amputation the flap method was "indiscriminately" adopted; the flaps were generally considered, *sat superque*, ample; they were always well held back and the bone exposed and sawed. After sweeping the knife around it through the muscles at a point higher than their simple seat of separation, and for the sake of better security against after hæmorrhage, the main artery was mostly freed for a small distance from its surrounding connections previous to the application of the ligature. In no one instance did the stump ultimately prove "unseemly or inconvenient;" for, although the bone at first deeply imbedded within the muscles, after a time frequently appeared to be covered by little more than skin; yet, as has been often remarked, its protection was usually secured by the surrounding bold and projecting muscular and integumentary cushions.

In largely developed muscular limbs, from the extent of surface requiring to be exposed, and the difficulty I have sometimes witnessed and experienced in securing the vessels, particularly in amputations immediately below the knee, it has struck me that in forming the flaps the muscles might be advantageously transected less deeply, and the operation completed by circular incisions. Whether circular amputation at the lower third of the thigh, "where circumstances afford room," ought to supersede the division at its centre, as advised by Mr. Liston, for securing the most efficient and convenient stump, time and experience must decide. Influenced by a desire to divide the soft parts as little as possible, and spare blood, I adopted the plan in one case, that of Timothy Robinson, an adult youth, much exhausted by long disease; the recovery owing to constitutional fault, though tedious, was complete, and he experiences now no inconvenience from the length of the remaining limb.

Should it be hereafter determined that the place of election (circumstances permitting,) may be best chosen at the lower third of the thigh, but few, I suspect, will feel inclined to relinquish the flap operation in favour of the modified circular method recommended by Professor Syme.

Although Professor Syme now frankly ceases to advocate sawing through the condyles of the femur, his three successful cases of amputation at the knee, in two of which the joints were diseased, coupled with the favourable results (twenty-one out of twenty-four), of his tibio-tarsal amputations are, nevertheless, of the highest value. These, together with the joint-amputations of M. Blandin; the recent successful

excision of the head of the femur, by Professor Fergusson;‡ that also of the head of the tibia and condyles of the femur, by Dr. Gordon Buck;† and the invariable rule of practice laid down by M. Bonnet,§ and attested by published cases,—that, in all vicious positions of the knee, owing to acute or chronic disease, no matter the stage, inflammation and pain are allayed by straightening the limb—do not, in my humble opinion, justify the extreme fear of interference with the larger joint-ends of bones, or their diseased articular surfaces, so generally entertained.

During the last two years, in three cases of synovial distension of the knee, occurring quickly, and extending upwards beneath the muscles of the thigh, one from an arthritic attack, I have tapped beneath the muscles, and let out the fluid without inconvenience. Since January last I have, by straightening and fixing the limb upon a M'Intyre splint, treated successfully three cases of advanced disease of the knee in adults, attended with considerable effusion into the articular cavity, thickened and distended synovial membrane, and probably damaged cartilages, with permanent semi-flexion of the leg. A fourth case, a boy, under treatment, and at present doing well, was admitted into the hospital exhausted by hectic fever and incessant diarrhœa, and during the extension the integuments in the ham yielded, and were widely separated.

I have witnessed and experienced such excellent effects from the use of the trephine in cases of scrofulous caries of the shaft and extremities of the tibia with implication of the joints, that I think this instrument may be frequently and advantageously employed in such cases, as well as in those of thickening of the bone with severe intermitting pain, &c., recommended by Sir B. Brodie. In the case of a boy about to leave the hospital "cured," with an apparently sound limb, having been under treatment since September, 1845, and twelve months previous to entering it, for enlarged head of the tibia, effusion around the joint thought to be within it, partial necrosis of the shaft, ulceration of integuments, greatly thickened periosteum, (*a condemned knee*.) I pierced the shaft with the trephine twice, and removed portions of carious bone, and applied it once also to the head of the tibia, and gave exit to a perfect pool of sero-purulent matter, apparently proceeding from an abscess within the cancellated structure. A seton carried close to the side of the joint, supporting the constitutional powers, &c., in spite of an attack of phlegmonous erysipelas, served to complete the at present cure.

My experience has been limited, and my boldness may expose me to censure, but I am, nevertheless, enthusiastic enough to believe that the progress of disease may be arrested, the leg in several cases saved, and amputation for diseased knee rendered unnecessary, by at once correcting the vicious position selected by the patient and keeping the limb scrupulously immovable by the more frequent use of the trephine, and in open joints, by attempting the cutting out of the diseased parts.

SECONDARY HÆMORRHAGE.

June 15th, 1842. John Whitmore, agricultural labourer, admitted into the Hospital with diseased left ankle of six months' standing.

* *Edinburgh Monthly Journal*, Nov., 1846;

† *Edinburgh Medical Journal*, May, 1845; also *Medical Gazette*, October 17th, of same year, with Editor's judicious remarks.

‡ *Med. Gazette*, No. 12, 1845. † *Med. Times*, No. 2, 1845.
§ *Forbes' Quarterly Review*, January, 1846.

July 11th. Amputation immediately below the knee by flap method. Considerable bleeding occurring on the patient being removed to bed, an additional ligature was applied to a vessel deeply seated within the interosseal space.

14th. Stump ill-looking and doing badly.

15th. Stump sloughing and gangrenous; slight hæmorrhage, which yielded to cold applications and exposure.

17th. Hæmorrhage to an alarming extent; patient pale, cold, and exhausted. On Mr. Cotton's arrival a ligature was at once placed around the femoral artery at the middle of the thigh, the stump enveloped in wadding, and the temperature regulated by bottles of hot water. A comforting draught, with twenty drops of Battley's sedative, was given shortly after the operation.

23rd. Sloughs thrown off, leaving a healthy granulating surface. To be dressed with simple cerate.

The ligature came away on the 14th day. In about a month the man was made an out-patient, and discharged finally cured September 3rd.

Mary Baker, aged 30, housemaid, admitted Dec. 7th, 1844, with diseased knee, of eight years' standing.

January 3rd, 1845. Amputation at the middle of the thigh by antero-posterior flaps.

4th. Weak, feverish, and watchful. Ordered a diaphoretic saline and a draught of Battley and æther at bed-time.

11th. Considerable hæmorrhage of a dark colour. Consultation held. The oozing of blood continuing, the flaps, (which were rather abundant, and much distended, and held together by little more than the strapping and bandage which surrounded them,) were freely separated to the end of the bone, and a quantity of dark blood, with several coagula in which it was imbedded, was turned out, and the wound gently cleansed and exposed. After waiting two hours, and no further bleeding recurring, it was closed, and a bandage applied. *R. Liq. Opil Sed., m. xv. e Julep. Camph. statim; hora somni repetend. si involverint vigiliæ. R. Acid Sulph. Dilut., m. x.; Spir. Æth. Sulph. Co., m. xv.; Potassæ Nitratis, gr. x.; Syr. Aurantii, dr. ss.; Aquæ, oz. iss. M. Fiat haust. quarta quaque hora capiend.*

From this time the well-doing of the patient was rapid and complete. In six weeks she was made an out-patient, and was discharged cured March 22nd.

Frances Taylor, aged 28, admitted August 22nd, 1846, with a compound comminuted fracture, longitudinal and oblique, of the left leg, smashing the ankle, and extending to the middle third of the tibia and fibula, extensive laceration of soft parts, and lesion of vessels, caused by a thrashing machine. The accident happened about two hours before admission, and was attended with considerable bleeding, which was restrained by the medical gentleman who first saw the case, and who considerably accompanied her to the Hospital, a distance of seven miles. Amputation being determined upon in consultation, the usual flap-incisions were made, and the leg bones sawn through close to the knee. The operation, performed much against the patient's wishes, was borne well; no great quantity of blood was lost, although some difficulty was experienced in securing an interosseal branch of the artery; the posterior flap,

rather too exuberant in muscle, was brought by sutures into pretty good apposition with the anterior, and owing to a disposition of the stump to weep, a bandage was applied. Low diet.

24th. Catamenia present; frequent and forcible palpitation of the heart; cannot sleep; no pain or uneasiness. Ordered an effervescing saline, with syrup of poppies. Arrowroot and pudding.

26th. Menstrual flow profuse; pulse frequent, easily compressible; skin hot. Has not slept, nor have the bowels been moved since the operation. *Hæbeat Inf. Sennæ, dr. vj.; Tinct. Rhei, dr. ij., pro haust statim sumend., et postea. injic. enema communis opus sit. R. Ext. Opil, Hydr. Chlorid., utr., gr. ij. Fiat pilula hora somni sumenda. R. Liq. Ammon. Acet., dr. vj.; Spt. Æth. Nitrici, Vini Antim., Syr. Simpl. sing. dr. ij.; Aquæ, ad oz. vj. Sumat partem quartam bis quotidie.*

27th. Has slept well; bowels relieved; circulation still hurried; stump oedematous and unhealthy; two or three gangrenous vesicles upon its posterior aspect. Warm water dressing. Full diet.

30th. Erysipelas gangrenosum has attacked the stump. Complaints of the excessive heat, and of being tormented by flies and innumerable maggots, which, in spite of every precaution, have irritated and eroded the skin of the back and nates. Moved to another bed.

31st. Awoke at 5 a.m. Alarmed by a "trickling of wet" down her thigh, and at finding her night-dress and the bed-clothes saturated with blood; became faint; a small quantity of blood has escaped upon the floor. Further bleeding was prevented by Mr. Rackham, by removing the dressings, the application of cold, and exposing the stump.

11 a.m. A slight recurrence of hæmorrhage; feels faint. Half a pint of porter ordered.

1 p.m. Consultation. The stump sloughing and offensive; was elevated; left exposed after a quantity of pus and blood had been forced by gentle pressure from within the bottom of the inferior flap. "The artery to be ligatured, should hæmorrhage again happen."

R. Tinct. Opil, m. v.; Tinct. Hyosacc., Vini. Antim., m. x.; Aquæ, oz. iss.; cum Potass. Citrat., utr., dr. ss. tertia vel. quarta hora act. effervesc. capiend. Porter countermanded.

September 2nd. Feels easy and comfortable; the pulse 112, frequent and wavy; appearance of the stump improved; sloughs separating.

4th. Stump again sloughy and gangrenous. Owing to the insupportably offensive state of the bed from maggots, &c., the patient was again obliged to be removed to another bed.

5th. 11 a.m. Hæmorrhage again recurring, the medical officers where summoned, and Mr. Cotton, immediately on his arrival, (in the presence of Dr. Wayte, Dr. De Mierre, and Mr. Rackham,) ligatured the femoral artery at the middle of its course. The operation, the limb being simply rotated outwards, was quickly and easily accomplished, with the least possible disturbance of the vessel. The limb was encased in wadding and surrounded with oil-silk, although the forcible impulsion of the column of blood against the ligature, created a fear of recurrence of bleeding, from the collateral circulation. Jelly, cool arrowroot, wine, negus, &c.

Sunt. Tinct. Opil, m. v., e Syr. Aurantii, dr. j., omni quarta hora.

6th. Frequent diarrhoea during the night and this morning; pulse weak, 120; gangrene progressing on each side of the knee.

R. Salicinæ, gr. iss.; Conf. Aromat., dr. ss.; Syr. Papav., dr. j.; Aquæ Cinnam., oz. iss. M. Fiat haust. tertiis vel quartis horas capieñd. Yeast poultices. Pil. Opii cum Calom. hora somni sumend.

7th. 9. a.m. Skin cold; partial sweats; pulse quick and feeble; has vomited. Turpentine stupes to the stump.

R. Ammon. Carb., gr. x.; Tinct. Opii., m. x.; Syr. Simpl., dr. j.; Aquæ, dr. xi.; statim sumend.; post horas sex semel rept.

3. p.m. Died.

A *post-mortem* inspection the following day (Mr. Cotton was unavoidably absent,) shewed the artery effectually secured by the ligature, the structures adjoining undisturbed. The disorganized state of the knee prevented the point from which the bleeding occurred being detected. *The upper lobe of the left kidney was occupied by a thick cartilaginous-like cyst, the size of a walnut, containing pus.* Nothing else remarkable was observed.

(To be continued.)

CASE OF POISONING BY THE CHLORIDE OF ANTIMONY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I send you the following case of poisoning by muriate of antimony if you have room for its insertion in the Journal.

I am, Sir,

Yours faithfully,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Worcestershire,

December 9, 1846.

I was summoned on the 16th November, 1846, to A.B., a little boy, aged 7 years, who had swallowed two drachms of muriate of antimony given by a druggist in mistake, who immediately discovered his error, and applied to me to see the child. I found him with excoriation of the mouth and fauces; skin cold and clammy; pulse small and accelerated; burning pain in the epigastrium; tumefaction of the bowels and incessant vomiting. I went prepared with the antidotes, and lost no time in administering them. Having dissolved an ounce of magnesia in a quart of water, I made him drink every moment there was a cessation of the vomiting, until I was satisfied at last that a sufficient quantity remained to neutralize the poison. At three p.m., I commenced giving him the decoction of yellow cinchona, and strong tea, and continued it at intervals until eight p.m., when there appeared much less pain in the epigastrium although a good deal of febrile action was going on. The plan of treatment now adopted was the antiphlogistic, tea and mild diluents, and an enema ordered should the bowels not act soon.

17th. Still complains of pain in the epigastric region; bowels have acted; febrile symptoms much the same.

18th. He is evidently better; bowels acted well; febrile symptoms better. Continue antiphlogistic plan.

19th. Continues to improve; there is less anxiety of countenance, and he is inclined for food.

20th. He continues to go on favourably and is out of danger.

For the next few days he continued to improve, and was soon in perfect health again. I should not omit to mention that the child had taken no food on the morning he swallowed the muriate of antimony, a circumstance rather against the chance of recovery, after so powerful an irritant poison.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 23, 1846.

We observe from a paragraph in a respected contemporary, the *London Medical Gazette*, that fever of an infectious kind has been prevailing to a great extent at Upton, a village in Berkshire. The fever is said to have manifested itself about six weeks ago in a cottager's family, and from the time of its first appearance, up to the end of November, no fewer than thirty-two deaths occurred in a population of 150, the disease being at that time still raging. The deaths were chiefly among the labouring class of the inhabitants, and this great mortality is ascribed to "difficulties in procuring medical attendance at such a desolate place of abode."

We have no personal acquaintance with the locality alluded to, but on referring to topographical works, we find that the chapelry of Upton, in Berkshire, which is, we presume, the village alluded to, is distant only four miles and three quarters from East Ilsley, a market town of some importance in the county, where a petty sessions is held once a fortnight. That there should, under such circumstances, have been any difficulty in procuring proper medical attendance, is inexplicable, and if the great mortality of the fever be really attributable to any want of such attendance, gross neglect must have existed somewhere, and the Poor-Law authorities be highly culpable. It is impossible that one-fifth of the inhabitants of a rural district could have been carried off in the short space of a month without its coming under the notice of the parish officers and guardians, and if their arrangements for medical attendance were insufficient to meet the calamity, special provision ought to have been made without delay for procuring such assistance from the neighbouring towns.

It is stated that the cause of this calamity is so clearly manifested that the authorities have not deemed it necessary to institute any inquiry, and that the only mystery is that the contagion should have shewn itself in a situation where the climate

is considered so remarkably healthy. On the contrary it appears to us that the entire subject requires the closest scrutiny—first by the authorities to investigate the alleged difficulty of procuring medical attendance in a village not five miles distant from a market town; and, secondly, by some competent medical officer as to the origin of the disease, its rapid spread in a locality the climate of which is described as so remarkably healthy, its fearful mortality, and the means employed to arrest its progress, or avert its effects.

Nothing could more clearly shew the absolute necessity which there is, even under the most favourable circumstances, for an active supervision over the sanitary condition of the entire kingdom. Had an efficient system of medical police been in operation, the existence of a fatal disease permitted to rage for five or six weeks without attempt to check its progress, and to such an extent as to carry off one-fifth of the inhabitants of a healthy district, and ultimately to lead to the dispersion of the rest, could not have been allowed to pass so entirely without attention, or at least with no other notice than such as a brief paragraph in a periodical conveys. But though too late for remedial measures, it is not too late for investigation, and it is to be hoped that at least an Assistant Poor-Law Commissioner will be sent down to inquire into the apparent negligence of the local authorities in providing proper medical assistance.

SHEFFIELD MEDICAL SOCIETY.

Fifth Meeting, Nov. 26, 1846.

The President, Mr. TURTON, in the chair.

ANASARCA; ALBUMINURIA: DISEASED KIDNEYS.

Mr. Beckett exhibited the kidneys of a labourer, aged 55, who applied to him on the 11th of November. He complained of general lassitude; inability to work; anasarca; a dry teasing cough; skin hot and dry; face pale and haggard; tongue white, flabby, and moist; pulse quick and feeble; the bowels had been freely opened by large doses of salts and senna. A fortnight before while gathering potatoes he took cold, and in the evening became exceedingly chill, but had no rigors. His feet and legs swelled, but he thought they were so for a short time previous, having suffered pain from the tightness of his shoes; is not aware of having passed urine less freely than usual; he at that time passed about a pint and a half in the twenty-four hours; two months ago the urine was bloody. Percussion of the chest gave a natural sound, but there was a slight mucous râle under the left clavicle; heart natural; no pain on pressure on the abdomen, nor over the right kidney, but pressure produces great pain over the left kidney. Heat coagulates the urine, of which he voids about a pint, of a reddish-brown colour, in the twenty-four hours. Ten years ago he had measles, which were black, and suffered at that time much from purging, since which he has been subject to a cough, and has been exceedingly drowsy, and stiff in his back. He died eight days after being first seen, on the twenty-

second day from the commencement of his cold. Symptoms of effusion into the pleura appeared.

On inspection forty-eight hours after death the body was very putrid; the cavity of the pleura contained a large quantity of sanguineous fluid; lungs gorged with thick dark-coloured blood; heart large and flabby; stomach and intestines enormously distended with gas; liver natural in size, of a slate-blue colour, engorged with thick blood, very soft and friable; gall-bladder healthy; spleen and pancreas dark-coloured, soft and friable, and containing thick-fluid blood; kidneys large, flabby, and gorged with blood, the cortical substance degenerated into a thick brown homogeneous matter.

GALL-STONES: OBSTRUCTION OF THE ILEUM.

Mr. Ray exhibited a portion of ileum, taken from a lady, aged 58, who had suffered from frequent attacks of gall-stones. Two months ago she suffered severely from fever, in all probability depending on the passage of a gall-stone. She recovered very slowly, and about four days before her death she was attacked with constant vomiting, and all the symptoms of ileus, when excessive prostration supervened, and she rapidly sank. A stone, larger than a marble, was found in the ileum, which was so much contracted that the calculus could not be forced downwards. The stone he suspected was, when passed into the intestine, about the size of two others which were found in the gall-bladder, and that the increase had taken place in the intestine; the portion of intestine bore evident marks of inflammation. The liver was greatly indurated.

FATAL HÆMOPTYSIS.

Dr. Branson exhibited a portion of the upper lobe of the right lung, taken from a boy aged 13, who died suddenly from hæmoptysis. He was admitted an out-patient of the Infirmary on the 13th of November, with manifest symptoms of phthisis. On the 23rd he had been to a neighbour's house, and immediately on his return home coughed up a large quantity of florid blood, and was choked in the effort. The lungs were found thickly and almost uniformly studded with small tubercles; only one small tubercular cavity existed in the posterior part of the upper lobe of the right lung, filled with coagulated blood, and from this point the hæmorrhage had arisen.

FEVER: PERFORATION OF THE ILEUM.

Dr. Branson also exhibited—1st, the lower portion of the ileum, and head of the colon, taken from a female, aged 24. Peyer's glands were extensively ulcerated; and there was perforation of the ileum at about a foot from its termination. 2nd. A portion of the right lung of the same patient in the second stage of pneumonia. The patient was admitted into the Infirmary in a very exhausted state on November 13th, and died on the 15th. She walked to the Infirmary, and stated she had been ill six weeks without having had any medical advice. She was suffering from fever in an advanced stage, and pneumonia involving the whole of the right lung, but the abdominal symptoms were not well marked. She died on the third day after admission, and in addition to the morbid appearances above described, there were found distinct traces of peritonitis, caused no doubt by the intestinal perforation.

PHTHISIS LARYNGEALIS.

Mr. Law exhibited the larynx and trachea of a man

aged 53, a file-cutter, an infirm patient, who died on the 14th November of phthisis laryngea et pulmonalis, having been twelve months out of health. The vocal cords were partially removed by ulceration, and near them the mucous membrane was extensively ulcerated and thickened. No ulceration at the bifurcation of the trachea. The exhibitor had been unable, by mediate auscultation, to fix the precise locality of the disease of the larynx, and had noticed only a harsh grating character, accompanying both inspiration and expiration. He doubted, therefore, the accuracy of the statement of M. Lombard, of Geneva, which has been repeated by Dr. H. M. Hughes, that the stethoscope enabled us to ascertain the exact seat of the disease in lesions of the larynx. He concurred rather with Fournet, who says, "I have come to the conclusion that mediate auscultation of the larynx cannot furnish any sign capable of enabling us to recognise with precision, in the generality of diseases of the larynx, either the exact part of the interior of the organ at which the disease is situate, or at which side it has attained its maximum development, still less the peculiar nature of the affection."—"(*Clinical Researches*," Part 1, page 181.)—"The voice was remarkably good in this case considering the state of the vocal cords.

CEREBRAL DISEASE.

Mr. Law also exhibited the brain, bladder, and part of the urethra, of an infirm patient, aged 40, who died on the 18th November, of chronic disease of the brain. Having been all his lifetime in indigent circumstances, his constitution was broken. He was epileptic during the last twelve years of his life, weak-minded, and had an old inguinal hernia, which became strangulated November 1st, when he was received into the infirmary, and the hernia was reduced with facility. The scrotum, however, was very tender, and chronic excoriations of the integuments, with enlargement of the glands of the right groin, were noticed, the effects probably of a badly-fitting truss. Severe erysipelatous inflammation soon attacked the scrotum and penis, and occasioned extensive infiltration and sloughing, the patient having from time to time violent fits of epilepsy. It was found impracticable to pass the catheter. Under a moderately tonic plan of treatment, the inflammation subsided, and the surface exposed by the sloughs assumed a healthy appearance, but the poor man fell very gradually into a half-comatose state, and died on the 18th. The bladder and urethra, both healthy, were shown, merely to prove that the failure of the attempt to pass the catheter resulted either from spasm or from pressure of the infiltrated structures on the membranous portion of the urethra. A large, firm, fibrinous, and evidently old deposit was seen between the layers of the dura mater, under the left parietal bone, about two lines in thickness, and about four inches by three in extent. This was, doubtless, the cause of the poor man's death.

RUPTURE OF THE UTERUS TERMINATING SUCCESSFULLY.

Mr. Thomas then detailed the following case of rupture of the uterus terminating successfully:—

October 22, 1846. He was summoned at 2 p.m., to attend a lady in labour of her first child. She is tall, thin, and well proportioned, aged 30, of bilious temperament, and calculates that she is eight months and a week advanced in pregnancy. Has enjoyed

good health during the period, and yesterday drove five miles and back in a shaking dog-cart. Keeps a favourite canary, which hangs in a cage from the dining room ceiling; this she has often lifted down by standing upon a chair, and reaching it at full stretch. She did so yesterday, but is not conscious at any time of having felt inconvenience from the effort. She has had slight pains every ten minutes or quarter of an hour since 10 a.m. The os uteri was found about the size of sixpence, membranes ruptured, presentation natural, pelvis well formed. He saw her again at 7 p.m., when she had slowly advanced, but had occasionally felt slight faintness, without any assignable cause; he therefore slept in the house, but was not disturbed during the night; the pains gradually increased but never became severe, at no time exceeding four throes each and rarely two. The successive stages of labour advanced naturally, until 2 p.m., on the 23rd, when the head arrived at the outlet of the pelvis and was dilating the perineum.

He now received an urgent message to visit an old gentleman three miles off, and left his assistant in the house until he returned at a quarter past three p.m. He was too warmly welcomed, and on hastening upstairs, found his patient sitting bolt upright in an easy chair, complaining of a most distressing sense of suffocation at the pit of the stomach. Countenance exceedingly anxious; pulse 120; no uterine action.

The nurse stated that ten minutes before he returned, the patient feeling restless *would* be got into the easy chair, (the pains having regularly recurred since his departure,) and was in the act of raising herself up by the arms to return to bed, when she fell back into the chair screaming "Oh, nurse!" put her hand to the pit of her stomach and gasped for breath. His assistant hearing the scream ran up-stairs, and tried to lay her down upon the bed, but was compelled immediately to raise her up from fear of suffocation. He applied hot fomentations to the epigastrium. Mr. Thomas found the region from the ensiform cartilage to the umbilicus distended with a firm, unyielding, non-resonant mass, scarcely tender to the touch, but not tolerating pressure from the dyspnoea it produced, the contents of which could not clearly be detected, but they most resembled the omentum, and a quantity of loaded intestine pushed up into one solid lump. The uterine tumour below was flaccid and ill-defined, (though previous to his departure it was well marked;) the head of the fœtus still remained impacted in the outlet of the pelvis, and she had once tried ineffectually to vomit.

He immediately sent for forceps and to request a consultation with Dr. Branson, Mr. Turton, and Mr. H. Jackson. They all arrived before five, and agreed with him in regarding the case as rupture of the uterus, and probably at its fundus, and decided on immediate delivery with the forceps. The epigastrium had now become tender to the touch; breathing less hurried; pulse 120; no uterine action whatever. At half-past five p.m. she was laid down very gently, and he applied the forceps, and by ten minutes past six the perineum was safely dilated and the head born. The uterus now contracted, and the child was quickly expelled alive, vigorous and fully grown. Mr. Turton efficiently supported the abdomen and tumour (which the patient described as grateful,) and he distinctly felt the tumour

subside as delivery was effected, and it then entirely disappeared; but a sense of soreness at the upper and right side of the uterus was complained of. The uterus remained high up, but aided by moderate pressure it contracted a little, and in about twenty minutes the placenta was removed, followed by tremendous flooding. Mr. Thomas immediately introduced his hand, and felt a rent at the upper right side of the fundus of the uterus, in the antero-posterior direction, admitting (in the then half-contracted state of the organ,) three of his fingers to move easily; no intestine protruded, and the sides of the rupture were in contact. He now felt the uterus contracting and withdrew his hand, but the flooding continued; it yielded, however, in about ten minutes, to the diligent application of external pressure and cold water; only slight faintness supervened; pulse 140. Gave a little brandy-and-water, and applied a firm abdominal bandage, with compress over the uterus; the oppression of breathing was now quite relieved.

Capt. Tinct. Opii, dr. j., e Mist. Camph., dr. vj., statim.

7 p.m. Free from pain; feeble; breathing easy; no flooding. He left her very comfortable at half-past nine p.m., in charge of Dr. Branson for the night. Pulse 140, feeble; soreness felt in the right hypogastric region. Low diet; most absolute rest of body and mind. To take a pill containing two grains of opium if sickness or pain should come on during the night.

October 24th, 8 a.m. Was sick at midnight, when she took her pill, after which three or four hours sleep; sick again at five a.m., and dozed since. Three or four clots have passed per vaginam; uterus contracted; but little epigastric tenderness; abdomen more distended than natural; pulse 146, less feeble; tongue moist; has passed water twice, but not freely. R. Pil. Opii, gr. ij., quartis horis.

3 p.m. Vomited a pint or more of brownish soupy fluid at midday, with sensible relief. Has slept a great deal; pulse 136, fuller; some milk in the mammae; catheter evacuated a pint and a half of urine producing some benefit. R. Pil. Calomel. cum Opii, gr. ij., quartis horis.

9½ p.m. Has slept much; abdomen smaller; epigastrum tender; pulse 132, less full; the child has drawn some milk; slight discharge; head free; tongue moist.

October 25th, 9 a.m. Slept five hours; slight catching in breathing on the right side of the epigastrum; passed water once but not freely; catheter brought away one pint; pulse 122; abdomen tympanitic; tongue furred but moist; some natural discharge and decided milk; no stool. Cont. pil. Enema communis statim.

8½ p.m. Slept several hours during the day; bowels twice moved, but not freely; feels comfortable; has lost the catching in the right side; slight soreness on the upper and right side of the uterus; no decided peritoneal tenderness; less tympanitic distension; discharge moderate and fetid, but natural; pulse 126, soft; has been slightly turned towards the left side (as the first movement,) this afternoon, forty-eight hours after the rupture. Cont. Pil. Calom. et Opii.

Oct. 26th, 8 a.m. Passed a good night; tongue moist; pulse 120; swelling of abdomen less and tenderness slight; made water freely; no stool. Cont. pilula.

R. Ol. Ricini, dr. v.; Tinct. Opii, gr. x., statim et in sextis horis si opus sit.

8½ p.m. Slept much all day; no stool; pulse 132, but more compressible than at three p.m.; discharge and milk natural. Rept. Ol. Ricini et Enema; Omitt Pil. Calom. et Opii.

October 27th, 9 a.m. Several hours sleep but less soundly than when taking the pills; felt too squeamish to repeat the Oleum Ricini, and at two a.m., vomited about a pint and a half of brown mucous fluid, which afforded much relief, and was followed by a copious feculent stool; passed water freely; slight occasional hiccough; pulse 118, rather wiry; tongue moist and furred; abdomen rather more tympanitic; has taken one dose of calomel and opium after the sickness. To have groat gruel or arrowroot with milk. Rept. Pil. Calom. et Opii, quartis horis.

8½ p.m. Bowels twice freely moved; better in all respects; has slept a little; countenance good; pulse 112; enjoys her food; milk and discharge natural; no longer feels the soreness in the upper and right side of the uterus, which has been gradually tracked downwards, as the organ has descended into the hypogastrium.

October 28th. 9 a.m. A good night; no pain; abdomen still tympanitic; pulse 120; tongue moist; bowels open; water passed freely; enjoys her arrowroot; not any solid food yet; feels rather stronger; always lies with her feet down, and has done so from the first. Cont. Pil. Calom. et Opii., octavis horis.

29th. 9 a.m. Slept well; no hiccough; bowels open; secretions natural; pulse 116, soft; less abdominal tension; tongue cleaner. To have beef tea or chicken broth. Cont. pil., octavis horis.

30th. Changed her night-dress for the first time last evening, the seventh day, which she bore well. Going on well; bowels freely opened; two mercurial stools; abdomen nearly natural; pulse 100. To have the wing of a partridge. Omitt. Pil. Calom. cum Opio. Capt. Pil. Opii, gr. ij., hora somni.

31st. Report favourable in all respects; pulse 104. Capt. Pil. Opii, gr. iss., hora somni.

November 1st. A good night; no complaint; pulse 100; slight sensibility in the right hypogastrium; discharge slight and natural; appetite good. Capt. Pil. Opii, gr. j., hora somni.

2nd. Slept well; pulse 96; appetite good; takes game daily; bowels open. Bed made for the first time on the eleventh day by lifting her upon a couch. No medicine.

6th. No complaint except flatulency; bowels open naturally; tongue nearly clean; pulse 96; makes a good nurse and is not conscious of any uneasiness about the uterus; spends several hours daily upon the couch and can turn gently in bed.

16th. Improving satisfactorily; for the first time tried to walk from the bed to the couch, but could not stand erect; it produced pain in the lower part of the bowels.

22nd. Advancing daily; can now stand erect, and with the aid of two arms, walked into an adjoining room with tolerable ease.

26th. Well.

Mr. Thomas considered that this case presented several points of interest in addition to its happy

termination, as distinguishing it from most of the instances of this fearful lesion on record:—

1. In the moderate character of the uterine action, and the precise period of the rupture.
2. The epigastric tumour.
3. The opiate treatment, favouring which there was a most calm, imperturbable, and obedient patient.
4. The rapidity of the reparative process, most probably by the modelling action of Macartney, since (though carefully searched for,) there was never any evidence of purulent secretion from the uterus.

MR. BAINBRIGGE'S CASE OF OVARIAN DISEASE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The Journal of Wednesday last contains the particulars of a case of ovarian disease, in which great relief appears to have been afforded by establishing an artificial opening through the abdominal parietes for the escape of the fluid as it was secreted.

The writer (Mr. Bainbrigg,) after adverting to the dangers of the other surgical means usually resorted to in this disease remarks of the plan he adopted; it "can scarcely be said that there is any danger attending it, if conducted with ordinary skill and care, while the prospects of ultimate success are in the highest degree encouraging both to the patient and the practitioner," observing in a note that, "*the ratio of mortality may be grossly stated at 1 in 15 or 16.*"

As much importance is now attached to *Medical Statistics* I hope Mr. Bainbrigg will, on second consideration, see the necessity of placing before the profession *the data on which he has arrived at these conclusions*, which if he satisfactorily establishes, will no doubt, not only excite the surprise of many that so simple and apparently innocent an operation should have fallen "into complete neglect," but for ever set at rest the much litigated question of ovariectomy.

I remain,

Yours &c.,

INQUIRER.

December 17th, 1846.

COMMITTAL OF A CORN-CURER FOR OBTAINING MONEY UNDER FALSE PRETENCES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I enclose you a communication which, for the good of the public, should be made generally known, and therefore I shall feel obliged by your noticing it in the columns of your valuable periodical.

Yours very truly,

ROBERT WAKE, M.D., M.R.C.S.E

Southwold, Suffolk,

December 12, 1846.

WAKE v. WOLFF.—By an article which appeared in one of the Norwich papers, (the *Norfolk News*,) on Saturday last, it has been represented that an officer from the borough of Southwold had on Wednesday

last come to that city with a warrant, signed by the Mayor of Southwold, against Dr. Wolff, the celebrated corn and bunion-curer, (of Surrey Mews, in the suburbs of Norwich,) charged with having illegally obtained a sum of money from Dr. Wake, of Southwold, which warrant, having been backed by the Mayor of Norwich, the Professor was apprehended by Sergeant Steward, and taken to Southwold.

With the exception that the chiropodist obtained no money from Dr. Wake the statement is very correct; but no money having been paid by Dr. Wake, the warrant alluded to had not been issued upon a complaint under the 7th and 8th Geo. iv., cap. 29, but under a different Act, viz., 5 Geo. iv., cap. 83.

In addition, you ought perhaps to be informed, that the Professor was brought up before the Magistrates at our Town Hall on Thursday last, when an information and complaint by W. C. Fonnereau, Esq., of Christchurch Park, Ipswich, now at Southwold, under the 7th and 8th, Geo. iv., cap. 29, having been brought forward, the magistrates assembled thought it a preferable case to proceed with, and Dr. Wake assenting thereto, it was proceeded with, and ultimately Dr. Wolff was committed to gaol at Beccles for trial at the sessions under the last-mentioned Act, viz., with having obtained from Mr. Fonnereau the sum of £1, under pretence of having extracted four several corns from the feet of the said W. C. Fonnereau, producing as corns certain horny, bristly, or bony substances, which were never generated therein.

COMMITTAL OF A QUACK DOCTOR FOR MANSLUGHTER, AT HULL.

An inquiry which has created considerable attention at Hull, was after two adjournments, brought to a termination, in the committal of a quack doctor on a charge of poisoning a female. Three years ago, the deceased, Mrs. Francis Riplingham Cox, the wife of a tobacco merchant in Hull, had what is termed a fungous tumour appear on the wrist of the left arm. She applied to several medical gentlemen, who pronounced it to be incurable, and that eventually the arm would have to be amputated, as the only mode of saving her life. Various remedies were applied to delay the operation as long as possible, and she was undergoing a course of medicine for that purpose, when a man of the name of Cotton, who professed to cure diseases of all descriptions, was introduced to her notice. Cotton examined the tumour, and deluded the unfortunate female to place herself under his treatment. He informed her that he would not only save her arm, but would in a few weeks make a perfect cure; that he would give her no pain, and all the disadvantage she would experience would be a tickling heat in the tumour. He then took out from a packet a red powder, which he rubbed over the tumour and parts of the arm that were inflamed. This took place on the 21st of last month. Soon after the powder had been applied, one of the family surgeons came by accident to see her, and hearing of the application, he endeavoured to persuade her to wash it off. This she resolutely refused to do, and in a day or two she was seized with violent vomiting and purging; excruciating pains ensued in various parts of the body, and, notwithstanding the most skilful treatment, she gradually

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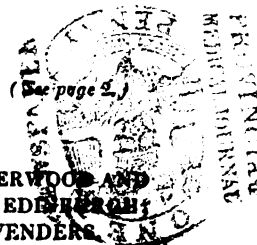
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WEDNESDAY, DECEMBER 30, 1846.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

ON INCONTINENCE OF URINE IN CHILDREN: FISTULA IN ANO IN PHTHISIS: AND THE TREATMENT OF DIABETES.

By RICHARD CHAMBERS, M.D.,
Physician to the Essex and Colchester Hospital.

(Continued from page 599.)

PROPOSITION THE FOURTH.

"The best Treatment of Incontinence of Urine in Children."

The disease here alluded to is, I suppose, that which occurs during sleep, and is unconnected with any organic disease of the urinary organs. The following is an outline of the treatment which I have generally adopted, and which, I think, will be found capable of overcoming this disease with very few exceptions:—

No fluids are to be taken within three hours of going to bed. The bladder is to be emptied immediately before going to bed, and in about three hours after the patient is to be awake, and the contents of the bladder are to be again evacuated. A blister is to be applied occasionally to the sacrum; this answers a double purpose; it acts as a stimulant to the bladder, and it prevents the patient from sleeping on his back, and thus keeps the urine from gravitating to the most irritable part of the bladder—its trigone. To restore the tone of the bladder, I give a combination of equal parts of tincture of cantharides, and the muriated tincture of iron, in doses of twenty drops thrice a day; and in some cases use the cold dash to the genitals, or the cold shower-bath.

I have, however, at this time, in the Hospital, a girl, aged 17, who has been the subject of the disease from infancy, and in whom the above treatment only produced a temporary alleviation, but the case is one of unusual severity and obstinacy, and has resisted every effort towards its removal that had been made before she came under my care. As the girl was rendered incompetent of undertaking a situation, and had become a burden to her friends, I felt unwilling to dismiss her till I had exhausted all my resources. On reflecting upon the case it occurred to me that if I could render a portion of the urethra excessively tender, the passage of the urine over it during sleep would awake her, and that by *breaking through* the habit I might eventually cure the disease. With this object I had the orifice of the urethra cauterized with the nitrate of silver. The operation has been twice performed, as the first was not sufficiently powerful. I have also given her small doses of the balsam of copaiba. It is now eleven days since the operation was performed, and up to the

moment of writing this there has been no return of the incontinence.

Before concluding this brief sketch I wish to caution my readers against resorting to, or countenancing, two agents that are invariably employed in the management of this complaint—I allude to ridicule and punishment. They aggravate the mental distress of the patient, and in no instance within my own knowledge have I found them to contribute in the least to the relief of the disease. The patient whose case I have mentioned, was offered, and accepted the situation of servant, a week before her admission into the Hospital; and during the whole of that week she never undressed or went to bed, but remained on a chair by the kitchen fire, in order to conceal her affliction from the family. Is it then likely that in one so much alive to her state, ridicule or punishment could affect any alteration.

PROPOSITION THE FIFTH.

"The Propriety of Operating for Fistula in Ano when the Lung is affected to a limited extent with Tubercles."

To understand the merits of this question, we ought, I think, to enquire into the cause of the fistula, and the frequency of its occurrence.

Phthisis in connection with fistula is not a very common disease; and on the other side, fistula in connection with phthisis is a very common disease; I speak here of their relative proportions. From what has come under my own observation, fistula appears to be thus produced:—In individuals whose nervous and vascular systems are but little excitable, a deposition of tubercles occurs; these interrupt the passage of the blood through the lungs, and, as a consequence, more of this fluid is sent back upon the liver, and from this arises a constipated state of the bowels in consequence of the necessarily deficient secretion of bile, and also an impeded portal circulation—hence hæmorrhoids and fistulæ. When explaining the manner in which fistulæ arises, it will also be necessary to give some explanation why it does not more frequently occur in connection with phthisis. We know that in the larger proportion of cases of tubercular phthisis, the discharges from the bronchial mucous membrane, or from the intestinal, or from the skin, are sufficient to restore the equilibrium of the vascular system, and to this cause I think we must attribute the comparatively infrequent occurrence of fistulæ.

I believe that the existence of the fistula tends to retard the progress of the pulmonary disease; and if so it is clearly our duty not to recommend the resort

to an operation. But it will happen that a patient, ignorant of the exact state of his case, and inconvenienced by the fistula, is anxious for its removal; even here it is our duty to explain to him the probable consequences before we comply with his wishes.

PROPOSITION THE SIXTH.

"The best Treatment of Diabetes."

I have attended eight cases of this disease within the last three years, and seven of these have died apparently from tubercular disease of the lungs. I am disposed to consider that the pulmonary disease is consequent upon the diabetes, as in three of the cases that I saw in the earlier stage of the diabetic disease, there was no evidence of pulmonary derangement till after the diabetes had been from four to six months in existence. I have generally found that diabetes attacks individuals of the strumous development; and from the very constant connection of diabetes and phthisis, I think we are justified in considering diabetes as one of the various ways in which tubercle develops itself, although we have not as yet been able to detect the proximate cause of the diabetes.

The medicines from which I have found most (*although but temporary*) relief are, Dover's powder in moderate doses at bed-time, the carbonate of ammonia in ten-grain doses three times a day, and occasionally the vapour bath; I have also used quinine, acetate of lead, and alum, but with no appreciable benefit. As regards diet, it will be desirable to avoid saccharine and farinaceous articles as much as we can; but in actual practice it will be found that we can exercise but very little influence over our patients in the matter of their diet. From what I have seen of the use of cod-liver oil in strumous disease, I should be disposed to expect considerable benefit from it in diabetes, if we have an opportunity of administering it in the onset of the disease. It deserves attention, both for its medicinal and dietetic properties; it ministers powerfully to nutrition, and by its alterative properties appears to modify the whole character of the strumous habit. I have not had an opportunity of testing its merits in this disease since the remedy attracted my attention; but I shall indeed be very much deceived if it does not prove of great benefit, even should it not altogether cure the disease.

Colchester, Dec. 15, 1846.

CASE OF DISLOCATION OF THE HIP-JOINT,

COMPLICATED WITH FRACTURE OF THE FEMUR,
BUT AT FIRST TREATED SIMPLY AS THE LATTER.

By W. H. BAINBRIGGE, Esq., F.R.C.S., Surgeon to the Northern Hospital, Liverpool,

Mrs.—, aged 38, a married lady of a highly scrofulous habit, had a scirrhus tumour of the breast, for which she underwent an operation, which left her in a state of cachexia so extreme, that she was for two years confined to her room, and totally unable to move about. She was reduced to such a state of emaciation as to appear a mere living skeleton. At the expiration of this time her health began slightly to improve, and she was able, by the aid of a crutch and stick, to take a little exercise in her room; but on one occasion, in attempting to walk round the room, the following accident happened:—

With one hand resting on the table which served as a support to the left side, and the other arm assisted by a stick, she tried to walk round the table, when suddenly losing her balance, the weight of the trunk was momentarily thrown on the left leg, round which, as on an axis, the body performed a semi-revolution, and fell with force on the floor. Medical aid was immediately summoned, and the femur, on examination, was pronounced to be fractured near its upper third. The fractured limb was found to be from one inch and a half to two inches shorter than the other. Without entering into details, it will suffice here to state, that her medical attendants, by forcible extension, brought the injured limb to match the sound one in length, and kept it in that state by means of the long straight splint.

In this position she remained full five months, suffering, as she informed me, the most excruciating pain, and without any progress being made towards the re-union of the fracture. When called in, I found her in the above deplorable state, and observing, from the great pain she endured, that she could not then bear the slightest movement of the limb, I merely removed the roller and felt for the fracture on the inner side of the thigh, when I discovered, to my surprise, that the ends of the fractured bone were fully three inches apart. It struck me that the best, indeed the only thing I could do, was to remove the extension and suffer the muscles to resume their normal condition. This being done, the patient experienced immediate relief. I was not at this time aware of any lesion beyond the fracture, though I suspected, from the space I had discovered between the ends of the bones, that there must have been also dislocation of the hip-joint. This done, I left her for the present.

A day or two after the pain had so far diminished that I was enabled to make a full examination, and turning the patient slightly on her right side, I immediately detected a dislocation of the hip-joint of the fractured limb on the dorsum ilii. I found also that a large deposit of CALLUS, about the size of the fist, had been thrown out opposite the fracture, and was attached to the upper portion of the bone at its fractured end, and now the case in all its bearings stood clearly revealed before me.

Forcible extension had been established and persevered in for five months, under the impression entertained in the first instance by her medical attendant that it was simply a case of fracture, and that the shortening of the limb arose from muscular contraction. This *forcible extension*, instead of approximating the ends of the fractured bone, only dragged them farther apart, and their distance which at first was from one inch and a half to two inches, now became doubled. The unnatural and long-continued extension of the muscular fibre had produced the intense suffering under which the patient laboured. The callus, or as the patient termed it, the excrescence, was regarded as a cancerous tumour, and the cause of the intense pain—a supposition, apparently favoured by the fact of her having had a scirrhus tumour of the mamma two years before, and her scrofulous habit of body.

The non-union of the fracture had also been ascribed to the same causes. The real nature of the accident had been wholly mistaken.

What now remained to be done? After the lapse of

five months it was out of the question to think of reducing the dislocation. To promote the union of the ends of the fractured bone became therefore the great point to be aimed at. No difficulty was experienced in accomplishing it. The removal of the long splint enabled the contraction of the muscles to bring the ends of the bone into apposition. I now applied a short splint to the inner part of the thigh, and left the limb quiescent on pillows. No splint could be placed on the outer side in consequence of the callus, which, however, soon became absorbed. This, together with the requisite treatment for the improvement of her general health, was the course pursued, and I had the satisfaction of finding the fracture reunited in about six weeks. At the end of two months the patient was quite restored with the exception of the deformity of the limb, resulting from the dislocation of the hip-joint, which had formed for itself new relations.

The details of the above case impress upon us the paramount importance of careful, patient, and deliberate examination in the first instance. One error at the commencement may not only prove mischievous and embarrassing *per se*, but lead to others equally, if not more so. Once a fixed principle is laid down, such is the blinding effect of a first-formed decision, that although results may develop themselves in the sequel, so marked and plain as to expose the original error to any unbiassed judgment, yet it is still persevered in, and leads to many more. An iron formula of procedure is established, and every new fact is screwed into adaptation with it.

Here we observe nature's extraordinary attempt to bridge the chasm which had been widened by the process of extension of the limb, stigmatized as an aberration—her friendly indications unheeded and misunderstood, and her *crowning efforts* baffled by the injudicious interference of art, resulting from an erroneous estimate in the first instance, of the real nature of the case. It is with a view to guard against the repetition of such errors that I have thought it my duty to give the details of the above case to the profession.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOS- PITAL, BIRMINGHAM.

By PETER HINCKES BIRD, one of the Resident
Medical Officers.

CASE XVI.

OBLIQUE INGUINAL HERNIA.

Henry Wagstaff, aged 41, a nailor, admitted into the Queen's Hospital, on July 11th at four o'clock p.m. He states that about 12 a.m., while lifting a heavy weight of iron, he suddenly felt something give way, attended with sudden pain across the abdomen, and a tumour appeared on the left side, which protruded in a short time into the scrotum; he was very sick, and vomited the contents of the stomach; the bowels were opened before the accident happened. When admitted he was rather sick, merely ejecting the contents of the stomach without any admixture of fecal matter; troubled at times with

eructations; he complained of great pain across the stomach. On examination there was found an oblong swelling, extending obliquely inwards and downwards above Poupart's ligament, then descending into the scrotum; the tumour was elastic, giving an impulse to the hand on coughing, rather tender to the touch; tongue slightly coated; pulse 86, feeble. The taxis was applied, and in a short time the bowel returned, affording great relief to the patient.

To have one ounce of saline mixture every four hours.

12th. Bowels open; tongue clean; feels quite comfortable.

13th. To have a truss. Discharged cured.

In this case the patient was afflicted with a recent hernia, without any symptoms of strangulation, but it is very probable that had he not come to the Hospital and had it reduced, it would have strangulated, and would have put the patient's life in considerable danger. Mr. Lawrence* correctly observes, that the danger is greatest when a rupture is strangulated at the moment of its formation. According to Mr. Guthrie† a hernia of recent formation cannot remain in a state of incarceration, ending in strangulation, for a longer period than ten hours, without placing the patient's life in great jeopardy.

Spontaneous herniæ, and those which arise from predisposing weakness, seldom become strangulated, for as the parts concerned are weak and relaxed, the stricture in such cases is never close, nor are the symptoms violent.

The opening through which the parts protrude is narrower in some situations than in others, more so in recent than in old herniæ; the progress of the case will therefore be more rapid, and the danger of the patient more urgent. Thus femoral, inguinal, and umbilical ruptures are more dangerous than the ventral, perineal, or vaginal kinds.

The disorders for which inguinal hernia may be mistaken are, hydrocele, bubo, varicocele, and orchitis. Inguinal hernia may in general be easily distinguished from hydrocele of the tunica vaginalis. The tumour of *hydrocele* is more pyriform, it increases from below upwards; it is usually translucent and fluctuating, but never tympanitic. It is rare for sufficient serum to be effused into the *hernial* sac to impart the sense of fluctuation, and still rarer for it to allow of any translucency, while it is *sometimes tympanitic*. Hydrocele does not vary in size from pressure and position, which hernia frequently does; the gradual formation of the swelling, its not giving an impulse on coughing, together with the absolute impossibility of feeling the testicle at the bottom of the scrotum also prove the disease to be *hydrocele*. With regard to translucency, as a sign of hydrocele, Mr. Teale‡ cautions his readers against laying too much stress upon it, and cites two cases in point in which a hernia was mistaken for a hydrocele. Hydrocele of the spermatic cord may be more easily confounded with hernia, and cases are sometimes brought to the hospital with trusses applied. When the tumour is situated below the ring we are enabled to grasp the cord as in its normal state, and its want of

* On Ruptures, Ed. 4th. p. 73.

† On Inguinal and Femoral Hernia, p. 24.

‡ A Practical Treatise on Abdominal Hernia.

connection with the abdomen makes it readily distinguishable from a hernia; and when it is situated *within* the canal, it is distinguished by its indolent character, by its unvarying size from pressure or position, and by its exhibiting such a degree of tension as a hernia only possesses in strangulation. If doubt, however, exist respecting the nature of such a tumour from the co-existence of symptoms of intestinal obstruction, it is the safest course to expose it by an incision.

Scarpa and Liston have each related a case of strangulated hernia complicated with hydrocele of the cord, requiring operation.

Bubo is easily diagnosed by the circumscribed incompressible hardness, the situation of the tumour, and by its being free from all connection with the spermatic cord.

Varicocele is more frequently than any other disorder mistaken for hernia, for when large it dilates upon coughing, and swells in the erect, and retires in the recumbent posture of the body. There is only one sure method of distinguishing the two complaints; place the patient in a horizontal position, and empty the swelling by pressure on the scrotum; then put the fingers firmly upon the upper part of the abdominal ring, and request the patient to rise; if it is a hernia, the tumour cannot re-appear so long as the pressure is applied at the ring; but if it is a varicocele, the swelling returns with increased size, owing to the return of blood into the abdomen being prevented by the pressure.

In orchitis, the enlargement and pain in the testicle, the hardened state of the epididymis, and the generally preceding gonorrhœa, are circumstances fully elucidating the diagnosis; there will also be absence of symptoms characterising hernia; it will, moreover, be sufficiently distinguishable by the form of the gland, its weight, the pain, and that peculiar sickening sensation always produced by pressure on this organ.

I have adverted in a former case to the opinion of M. Malgaigne, that inguinal is more frequent than femoral hernia in women. I consider that the best way to diagnose the femoral from the inguinal variety is to feel for the situation of the spine of the os pubis; in femoral hernia the tumour will be external to the spine, while in inguinal it will be to the inside and a little above it.

In the treatment of a hernia capable of easy and immediate reduction, and not attended with any troublesome or bad symptoms, the first indication is to reduce the protruded viscera without delay, the next to prevent their descent by the application of a suitable truss; if this is neglected, the hernia often increases to an immense size, not only prohibiting all active exertion, but by involving in the male the integuments of the penis, incapacitates the patient from the act of coition, and gives rise to excoriation from the acrid discharge of the urine over the swelling; and it is probable that by the pressure of a very large scrotal hernia the testis may become affected.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 20, 1846.

In concluding the present volume of the *Provincial Medical and Surgical Journal*, we have to announce to the members of the Association that the Committee appointed at Norwich to consider the publications of the Association, have sent in their report to the Central Council, and that, as far as practicable, the recommendations of the Committee in reference to the Journal will be immediately acted upon. The report, together with the resolutions of the Central Council adopted in consequence, will be published in the next number of the Journal, the first of the new year, which will be issued on the 13th of January, and will contain more than double the usual amount of matter. We have only to remind the members of the Association that it depends mainly on their own exertions to render their Journal every way worthy of them, and we trust that the number and value of original communications and hospital-reports will be such as to render its pages a complete record of the experience of provincial practitioners, and of whatever may prove interesting to the members of the profession resident in the provinces.

BIRMINGHAM PATHOLOGICAL SOCIETY.

October 3rd, 1846.

W. C. FREER, Esq. in the Chair.

ENCYSTED TUBERCLE.

Mr. W. C. Freer exhibited an encysted tubercle, taken from a patient who had been admitted into the General Hospital, with fracture of the skull.

Wm. Dawlish aged 40, was admitted with fracture of the skull, and died forty-eight hours after admission. He was a very hard drinker, stout, enjoyed good health, and had no cough. The encysted tubercle was at the summit of the left lung.

FEVER: ULCERS OF THE ILEUM.

Mr. W. C. Freer, next exhibited a portion of intestine, covered with patches of ulceration, taken from a patient who had died from fever, and gave the following particulars:—

Gregory —, aged 14, was admitted on the 30th of August, with fever and diarrhœa. The fever continued, complicated with profuse diarrhœa and obscure abdominal pains, increased upon pressure, until Sept. 20th, when he died.

Autopsy.—Ulcerations of the intestines, principally in the five feet of bowel above the cæcum. In this space were forty or fifty patches of ulceration, varying in size from half an inch to an inch and a half in diameter. Brain: considerable effusion of lymph between the pia-mater and arachnoid. Other organs of the body healthy.

RENAL CALCULI.

Mr. W. C. Freer presented to the Society a kidney, containing two small calculi, which had been taken from a patient who had died after an operation for lithotomy, and gave the following history of the case:—

Edward Cox, aged 33, September 16th, was operated upon by Mr. Wood, and a large lithic acid calculus, coated with phosphates, removed. On the 18th he had a rigor, with tumefaction of the abdomen; pulse, 110. September 19th. Profuse diarrhœa; tympanitic and painful abdomen; dry tongue; scanty secretion of urine; pulse, 120. 21st. Diarrhœa ceasing; abdominal distension continues; stomach rejects all ingesta; wound looks tolerably healthy. 23rd. Symptoms same as last report; sickness much increased. 24th. Continued dull abdominal pain; frequent vomiting of green bilious-looking egesta; tongue dry; no alvine evacuations. From this day, he continued gradually failing, the bowels being obstinately constipated, and he died on the 28th.

Autopsy.—Stomach distended with fluids and flatus so as to fill the abdominal cavity. The small intestines, from the duodenum, gradually diminished to the diameter of a finger; no ulceration of the lining membrane, which was vascular and corrugated; no peritonitis; bladder healthy, wound contracting; kidney (left) healthy, but containing two small calculi.

FUNGOID TUMOUR OF THE ANTRUM.

Mr. Crompton presented a portion of the face of an Irish girl, aged 26. She had suffered during six months from tumour in the cheek, which gradually increased so as to protrude by fungous growths into the mouth and nose; she had already lost the right breast from tumour of a cystic character, and had also had a tumour removed from the integuments on her shoulder. After some months her health gave way, and no operation was performed. She eventually died of suppurative irritation, in and around the antrum from which the tumour sprang.

On *post-mortem* examination, the remains of the tumour in the antrum were found loose in the destroyed bones, and felt and had the appearance of mortar. There was a small tumour of a cystic character in the remaining breast, and the ovaries were studded with small transparent vesicles and white firm tumours, about the size of peas. The other organs of the body were healthy.

HEMIPLEGIA: OBLITERATION OF THE MENINGEAL ARTERY: DISEASED HEART.

Mr. James Russell, jun., exhibited a heart taken from a man in whose brain the anterior meningeal artery was obliterated, with slight softening of the cerebral substance. The patient had died from hemiplegia of seven days' standing. The following are the particulars of the case:—

Mr. W—, aged 39, bread and biscuit baker, had an attack of hemiplegia some time previously, but he speedily regained the use of his limbs. His present attack came on in the night. The left side was completely paralyzed; all the reflected movements in the leg were extinguished, but sensation was entire. The muscles of the left side of the neck were partially paralysed, but there was no deviation of the tongue, and his speech, after the first shock had subsided, was only slightly affected; his senses nearly complete. The attack was not preceded by any premonitory symptoms; his wife discovered his state by his loud breathing; the bellows-sound in the cardiac region had been heard very loudly by Dr. Evans, eight years before. He had suffered from rheumatism. He continued for

a week after the attack of hemiplegia, but presented no particular symptoms. He had not any convulsions, but sank gradually. He was a teetotaler.

Sectio Cadaveris about thirty-six hours after death, Sept. 23rd; rigor mortis present. Body already offensive; calvarium thicker than usual; membranes, and surface, and base of brain, healthy; substance firm, with the following exception, rather more injected than usual; ventricles quite empty; in the left optic thalamus, a cavity apparently the seat of some previous effusion, its interior smooth, and yellowish; the surrounding substance firm; it was nearly capable of containing a hazel-nut; the white covering of the right thalamus was softer than the corresponding part of the other side, but the softening had not proceeded to any marked degree; the interior of a portion of the thalamus was softer than the rest of the cerebral substance; the softening was not defined by any obvious boundary, and had not proceeded to any great extent; it seemed to implicate a portion of the thalamus, of the corpus striatum, and of the substance of the hemisphere in the immediate neighbourhood, occupying the outer part of the two former bodies. Other parts of the brain and cerebellum healthy. The anterior meningeal artery on the same side, (the right,) was completely obstructed by a firm plug of coloured coagulum, extending an inch from the divided extremity of the vessel. Unfortunately we could not prosecute the examination of the vessels on that side further, as the brain had been cut up before this state of the artery was discovered, but the large vessels on the other side at the back were healthy, where they formed the left side of the circle of Willis. Lungs healthy, dark-coloured, and loaded with blood; heart rather large; the pericardium contained about an ounce of straw-coloured fluid; a large "white spot" on the anterior surface of the heart; the walls of both cavities somewhat thickened, and the right ventricle somewhat dilated; left valves healthy; the mitral orifice would only admit the tip of my little finger; the contraction of the orifice was occasioned by union of the two flaps of the valve; the aortics thickened and slightly corrugated.

PRACTISING AS AN APOTHECARY WITHOUT LEGAL QUALIFICATION AN INDICTABLE OFFENCE.

The Society of Apothecaries entertaining an opinion, which they have publicly expressed upon several occasions, that a penal check upon the Practice of Medicine by unqualified persons is indispensably necessary for the protection of the public, and that the pecuniary penalty imposed by the Apothecaries' Act is but ill adapted for checking such practice, have long desired that a more summary mode of proceeding against illegal practitioners should be adopted; and they have advocated an alteration of the law in this respect, whenever a favourable opportunity for so doing has presented itself. A recent decision of the Court of Queen's Bench, in a criminal prosecution instituted against an attorney for practising without qualification, seemed to lead to the conclusion, that notwithstanding the specific pecuniary penalty imposed upon unqualified persons practising as Apothecaries, such persons might be indicted criminally as for a

misdeemeanor. This decision appeared to the Society to suggest a mode of proceeding for checking the illegal Practice of Medicine which might be attended with such important results, that they determined to lose no time in obtaining the highest legal opinions upon the subject. They therefore laid a Case before the Law Officers of the Crown, and it will be found from the answers given to the questions submitted to the Attorney and Solicitor General, in consultation with Mr. F. Robinson, that it is the opinion of those learned gentlemen that an indictment will lie against a person who has practised as an Apothecary without legal qualification. The Society subjoin the questions proposed to counsel, and their answers thereto.

QUESTIONS.

1st. Whether an Indictment will lie against a person who has practised as an Apothecary without legal qualification, notwithstanding the particular penalty imposed upon persons so practising by the 20th section of the Act, and the disability imposed upon them by the 21st section? and if you should be of opinion that an Indictment will lie.

2nd. In what Courts, metropolitan or provincial, could such an Indictment be preferred; and could it be preferred at the instance of a private prosecutor?

3rd. Would it be competent for the Society of Apothecaries to prefer such an Indictment, notwithstanding the interest given to the Society in the pecuniary penalties imposed by the 20th section, and the particular remedy given to the Society for the recovery of such penalties?

4th. What would be the extent of punishment which could be inflicted by law upon a person convicted of the offence of practising as an Apothecary without legal qualification?

5th.—Can any more summary proceeding than an Indictment be resorted to, for the punishment of persons practising as Apothecaries without legal qualification?

ANSWERS.

1st. We think that an Indictment will lie against a person who has practised as an Apothecary without legal qualification, notwithstanding the particular penalty imposed by the 20th section of the Act, and the disability imposed by the 21st section.

2nd. The Indictment may be preferred in any of the ordinary Criminal Courts having cognizance of misdemeanors committed in the county, or place, in which the party has so illegally practised, and it may be preferred at the instance of a private prosecutor.

3rd. We think it is competent for the Society of Apothecaries to prefer the Indictment.

4th. The punishment, as in case of other misdemeanors, would be fine or imprisonment, or both, at the discretion of the Court.

5th. We are not aware that any more summary proceeding than an Indictment can be resorted to, for the punishment of persons practising as Apothecaries without legal qualification.

JOHN JERVIS.

DAVID DUNDAS.

FREDERICK ROBINSON.

Temple, 23rd November, 1846.

It is perhaps hardly necessary for the Society to point out the increased facilities which this mode of proceeding affords for putting the law in force against unqualified Practitioners.

Instead of proceeding for the recovery of penalties by a Civil Action, which in the case of a country practitioner could only be tried at the Spring and Summer Assizes, an Indictment may be preferred at the Quarter Sessions and at the Assizes also; and instead of the power of proceeding against unqualified Practitioners being restricted, as in the case of the specific penalty imposed by the Statute, to the Society of Apothecaries, it will be competent for any person to prefer an Indictment who may be disposed to do so.

Another distinction between the two modes of proceeding, which is likely to operate still more powerfully as a check upon illegal practice, is this, that whereas an individual against whom a judgment for a penalty is obtained, under the present form of proceeding, can relieve himself from the consequences of his offence by obtaining his discharge under the Bankrupt or Insolvent Acts, an individual found guilty on Indictment of having practised as an Apothecary without legal qualification, will be punishable by fine and imprisonment, and will have to undergo whatever measure of punishment the Criminal Court may in its discretion award.

The Society sincerely hope that a public intimation, that the penalties of the law can now be enforced against illegal Practitioners of Medicine more summarily than heretofore, will deter all persons from practising as Apothecaries who have not given such evidence of their competency to practise as the law demands. But if individuals who have not possessed themselves of a legal qualification will persist in practising in the absence of such qualification, they will do so at the risk of being criminally indicted for the offence at the instance of any individual prosecutor who may be induced to prefer an indictment against them.

The Society on their part will be ready, as they have ever been, to enforce the law to the extent of the means placed at their disposal, but those means are inadequate to the institution of frequent prosecutions. It may, therefore, be anticipated, that indictments will be preferred at the instance of other parties; and the Society take this opportunity of stating, that they will endeavour to render such experience as they may have acquired in administering the Act of 1815 available in furthering the ends of justice; and that they will be prepared, upon proper application, to furnish any information in connection with the subject of illegal practice which they may have it in their power to afford.

Apothecaries' Hall,

Dec. 10th, 1846.

MEDICAL APPOINTMENTS.

Mr. Charles Brooke has been elected Surgeon to the Metropolitan Free Hospital.

Dr. M'William has been appointed Medical Attendant to the Board of Customs.

SOCIETY OF APOTHECARIES.

Gentlemen Admitted Licentiate, Thursday, Dec. 17th:—John Colston, Sheriff Hutton, Yorkshire; George Frederick Hughes Brown, East India Company's Service; Thomas Edward Pearce Martin, Hull; William Bennett, London.

